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COVER STORY



Cover design by Kim Kauffman.

1999 MSMS House of Delegates **Highlights**

MSMS delegates considered 140 resolutions, elected new officers and learned from guest speakers at the 1999 MSMS House of Delegates, April 30 - May 2, at the Ritz Carlton in Dearborn. This year, delegates discussed topics such as tobacco legislation, Medicare fraud and abuse, and the need for a hassle reduction program regarding coding, billing, and reimbursement issues. Another hot issue that drew many physicians to testify was collective bargaining for physicians. This special report details all delegates' actions and other House of Delegates highlights.

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Opening Session of the House of Delegates

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Speaker Dorothy M. Kahkonen, MD, and Vice Speaker Paul O. Farr, MD, presided.

1999 Resolutions

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The delegates considered 140 resolutions, covering topics from corporate and institutional medical decision making to Medicaid reimbursement.

Elections

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Billy Ben Baumann, MD, a Bloomfield Hills pathologist, was elected MSMS president-elect. AppaRao Mukkamala, MD, a Flint radiologist, was elected treasurer of the MSMS Board of Directors.

Presidential Addresses

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Installed May 1 as MSMS president, Krishna K. Sawhney, MD, Taylor general surgeon, explained that now is the time for physicians to reclaim their practice of medicine using MSMS as a major resource. Cathy O. Blight, MD, immediate past president, reflected on her year in office.

July/August 1999 Volume 98, Number 7/8

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House of Delegates.

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Doctor Blight presented the MSMS Presidential Citation to the Michigan State Medical Society Alliance. Other awards went to presidents of national medical specialties, to the physician best exemplifying the ideals of the rural family doctor, and to MSMS members who graduated from medical school 50 years ago.

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The Michigan State Medical Society Committee on Publications is the editorial board of Michigan Medicine and advises the editors in the conduct and policy of the magazine, subject to the policies of the

MSMS Board of Directors.

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Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. It is published on a monthly basis. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, \$100.00 (includes weekly Medigram newsletter); single copies, \$5.00. Printed in USA. All communications relative to articles, news, exchanges and classified advertising should be addressed to Kristen Lare, advertising to Judy Hudson, and address changes to Janet Button, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351. POSTMASTER: Send address changes to Michigan Medicine, P.O. Box 950, East Lansing, MI 48826-0950

MICHIGAN MEDICINE Michigan State Medical Society P. O. Box 950 East Lansing, Michigan 48826-0950. Phone 517-337-1351 Member Services Hotline 800-914-6767 ©1999 Michigan State Medical Society

Design, layout and prepress by Abbott Press, East Lansing, a subsidiary of MSMS.





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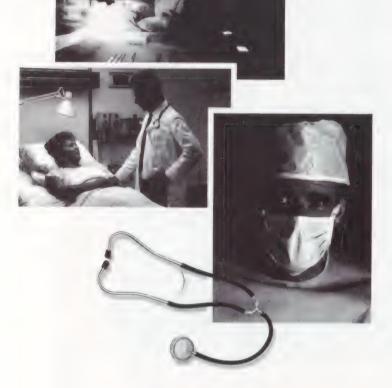
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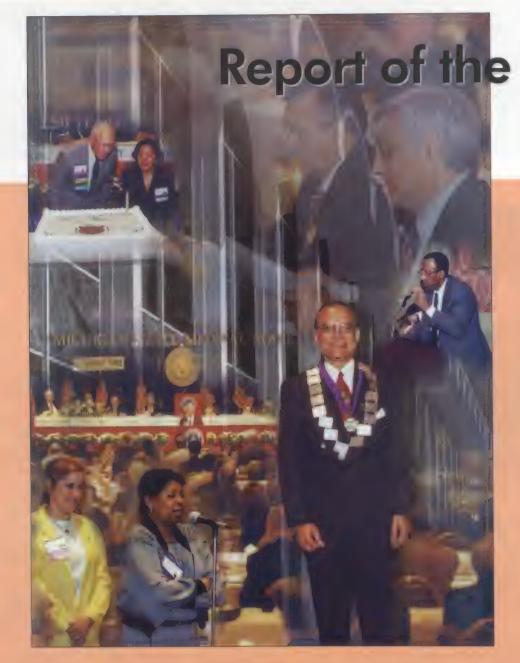




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Delegates at the 1999 MSMS House of Delegates

on April 30-May 2 deliberated and voted on 140 resolutions. This year, delegates discussed topics such as tobacco legislation, Medicare fraud and abuse, and the need for a hassle reduction program regarding coding, billing, and reimbursement issues. Other hot topics included physician and community education regarding organ donation, the misuse of standard of practice guidelines by third-party payers, and the need for claims of health care fraud to be properly investigated and prosecuted. An especially hot issue—a precursor to the historic vote at the AMA level—was collective bargaining. This special issue of Michigan Medicine contains all resolutions considered and the actions taken on them, plus other highlights of this major direction-setting MSMS meeting.

Report of the 1999 MSMS House of Delegates

Speaker Dorothy M. Kahkonen, MD and Vice-Speaker Paul O. Farr, MD, presided over the 134th Annual Session of the House of Delegates of the Michigan State Medical Society which convened at 7:30 p.m. Friday, April 30, 1999 at the Ritz-Carlton, Dearborn.

Invocation

The Speaker called upon the Reverend Garfield Johnson, MD, to give the invocation.

Report of the Committee on Credentials and Tellers

Chair Omero S. Jung, MD, reported a quorum seated, the majority of whom were not from any one county.

Report of the Committee on Rules and Order of **Business**

Chair Ali Esfahani, MD, reported the actions of the Rules and Order of Business as follows:

Order of Business: The Committee on Rules and Order of Business approved the Order of Business for the 1999 Annual Session as printed in the Delegate's Handbook.

Late Resolutions: Five late resolutions were presented to the Committee. The following were accepted for introduction:

Resolution 138-99A – "Support the Campbell/Conyers Sponsored Quality Health Care Coalition Act of 1999" submitted by Ali Esfahani, MD, Genesee County

Resolution 140-99A - "Support Funding for the Detroit Medical Center" submitted by Firooz Banooni, MD, Wayne County

REPORT OF CONSTITUTION AND BYLAWS

Lourdes V. Andaya, MD, Chair

May 1, 1999

The Constitution and Bylaws Reference Committee was assigned

Resolutions 28-99A, 76-99A, 98-99A, and 108-99A, and Board Action Report #9. The Committee also considered the 1998-1999 Report of the Constitution and Bylaws Committee.

The 1998 House of Delegates adopted, on first reading, the following changes to the MSMS Constitution and Bylaws (the explanation for change is highlighted on the left; on the right the deletions are indicated by strikethroughs; the additions are in bold):

Constitution

Page 4. Article VII (The International Medical Graduates Section is a recognized section, and is listed in the Bylaws.)

Section 1.—COMPOSITION – The House of Delegates shall be the legislative body of the Society and shall consist of delegates elected by component societies, recognized specialty societies, delegates from the Resident Physicians, Students, Young Physicians, and Organized Medical Staff, and International Medical Graduates Sections, and other sections as shall from time to time be approved by the House of Delegates, delegates-at-large, and ex officio members, as prescribed by the Bylaws.

Bylaws

Page 6, Section 2.30 (Section 2.50 covers Physicians-In-Training.)

2.30 ACTIVE MEMBERS - To be eligible for active membership in any component society, doctors of medicine must hold an unrevoked permanent license in Michigan, or if unlicensed, must be engaged in academic teaching, research or administration. To maintain active membership in any component society, doctors of medicine must maintain active membership in this Society and comply with all the provisions of the Bylaws of this Society and the component society. Physicians-in-training may become active members if they hold permanent licenses.

Page 8, Section 6.20 (This is not our current practice. Since this brocess may change in the future, it is suggested that the section be more general.)

6.20 COLLECTION—The secretary of each component society shall collect and forward the dues and assessments to the Secre-

1999 HOUSE DELEGATES OF

tary of this Society All dues are to be collected on or before April 1 of each year in a manner set by this Society in consultation with the component society.

Page 9, Section 7.20 (The current state agency is MI Dept. of Commerce, Bureau of Occupational & Professional Regulation. Since this could change again, it is suggested that we use the generic term.)

7.20 DISCIPLINE - WHAT CONSTITUTES - Discipline as used in this chapter shall include reprimand, suspension and expulsion, and for grievous offense, recommendation to the State Board of Registration licensing authority of for revocation of license.

Page 12, Section 12.20, para. 2 (Needs to be amended because of new paragraph 3 in Section 12.10.)

12.20, paragraph 2 Except for the Speaker, Vice Speaker, and Immediate Past President, and as otherwise provided in Section 12.10, members of the Board of Directors are not eligible for election as delegates by their component societies.

Page 18, Section 16.10 (Amended to reflect current practice.)

16.10 STANDING COMMITTEES paragraph 4 Standing Committees shall submit send special action reports to the Board of Directors for action on matters concerning MSMS policy or requiring the expenditure of MSMS funds, and shall submit informational reports as necessary to keep the Board of Directors informed, committee minutes to the Board of Directors for information. Each standing committee shall submit an annual summary...

Page 18, Section 16.20 (Amended to reflect current practice.)

16.20 LIAISON COMMITTEES—paragraph 4 Liaison committees shall submit send special action reports to the Board of Directors for action on matters concerning MSMS policy or requiring the expenditure of MSMS funds, and shall submit committee minutes to the Board of Directors for information. informational reports as necessary to keep the Board of Directors informed. Each liaison....

Page 18, Section 16.30 (Amended to reflect current practice.)

16.30 TASK FORCES—paragraph 2 Task forces shall submit special action reports to the Board of Directors for action on matters concerning MSMS policy or requiring the expenditure of MSMS funds, and shall submit task force minutes to the Board of Directors for information: informational reports as necessary to keep the Board of Directors informed. The action of the task forces may be included in the Board of Directors Annual Report to the House of Delegates, if the Board Chair deems it appropriPage 19, Section 18.10 (Amended to reflect current practice.)

18.10 EXECUTIVE DIRECTOR—There shall be an Executive Director, not necessarily a doctor of medicine or a member of the Society, who shall be appointed designated by contract approved by the Board of Directors on an annual basis at its annual meeting and who shall be remunerated by a salary in an amount which shall be fixed by the Board of Directors. The Executive Director shall be bonded in an amount considered sufficient by the Board of Directors, the cost of which shall be paid from the funds of the Society.

M. Speaker, your Reference Committee recommends adoption of these Constitutions and Bylaws amendments on second and final reading.

The 1998 House of Delegates adopted two recommendations in Board Action Report #5 requiring changes to the MSMS Constitution and Bylaws. Based on that approval the Constitution and Bylaws Committee recommend the following changes to the Constitution and Bylaws (deletions are indicated by strikethroughs, additions are indicated in bold type):

Constitution

ARTICLE IX—THE BOARD OF DIRECTORS

Section 1.— Composition – Powers and Duties – The Board of Directors shall be the executive body of the Society. It shall consist of:

- One District Director from each Director District or one District Director for 500 voting members (or the major fraction thereof) when the number of voting members in a District exceeds 500.
- The President, President-Elect, Immediate Past President, Secretary, Treasurer, Speaker and Vice Speaker of the House of Delegates.
- One seat for each of the membership classifications as defined in Sections 2.60 and 2.70 of the Bylaws, and one seat for the Young Physicians Section as defined in Section 20.60 of the Bylaws. These seats will be for one-year renewable terms, and the individuals elected must remain in the category elected for the entire term.
- The Chair of the Delegates to the AMA or another member of the delegation, designated as a substitute, shall serve on the Board of Directors as an ex officio member.

Section 2.—Powers and Duties - The Board shall have the custody and entire control of all funds and property of the Society and shall act for the Society as a whole and for the House of Delegates between sessions.

Section 3. - Executive Committee - The Board of....

Bylaws

3.00 MEMBERSHIP—CLASSIFICATION— **ELECTION**

2.70 STUDENTS (MEDICAL STUDENT SECTION) -

Except as provided in Section 12.10 of these Bylaws, 7they may not vote or hold office. They may....

12.00 HOUSE OF DELEGATES

12.10 COMPOSITION—The House of Delegates shall be composed of members elected by the component societies, a delegate from each recognized specialty society, as listed in Section 20.10 of these Bylaws, a delegate from the Resident Physicians Section, a delegate from the Organized Medical Staff Section, a delegate from the Young Physicians Section, a delegate from the International Medical Graduates Section and one delegate from each established medical school in Michigan one voting at-large delegate for every 50 MSMS student members to be selected by the MSMS Medical Student Section. These student delegates....

20.00 SPECIALTY SOCIETIES AND SECTIONS

20.30 RESIDENT PHYSICIANS SECTION -

(Add a fourth paragraph.)

At its annual meeting, the Section shall elect a representative to fill the residents' seat on the Board of Directors for a oneyear renewable term to begin at the first Board of Directors meeting after the House of Delegates. If a vacancy in the residents' seat should occur during a term, the vacancy shall remain unfilled until the next term.

20.40 MEDICAL STUDENT SECTION -

At its annual meeting, the Section shall elect a chair, a vice-chair and a secretary. It shall also elect a one delegate and alternate delegate from each of the medical schools for every 50 MSMS student members to the MSMS House of Delegates each of whom shall serve for a term of one year.

(Add a forth paragraph.)

At its annual meeting the Section shall elect a representative to fill the students' seat on the Board of Directors for a one-year renewable term to begin at the first Board of Directors meeting after the House of Delegates. If a vacancy in the students' seat should occur during a term, the vacancy shall remain unfilled until the next term.

20.60 YOUNG PHYSICIANS SECTION -

At its annual meeting the Section shall elect officers in accordance with the Bylaws of the MSMS Young Physicians Section and a representative to fill the young physicians' seat on the Board of Directors for a one-year renewable term to begin at the first Board of Directors meeting after the House of Del-

If a vacancy in the young physicians' seat should occur during a term, the vacancy shall remain unfilled until the next term.

M. Speaker, your Reference Committee recommends adoption of these amendments to the Constitution and Bylaws on first read-

98-99A, "Election of Secretary, Assistant Secretary, Treasurer, and Assistant Treasurer." The resolved portions of this resolution read:

"RESOLVED: That the MSMS Board of Directors shall elect the Secretary, Assistant Secretary, Treasurer and Assistant Treasurer; and be it further

"RESOLVED: That the MSMS Constitution and Bylaws be amended to reflect these changes."

The Committee reviewed this resolution and the pertinent sections of the Bylaws and concluded that the Bylaws preclude nominations from the floor for the Secretary, Assistant Secretary, Treasurer, and Assistant Treasurer. Therefore the Bylaws should be changed to reflect the fact that the Board-nominated candidates are elected de facto to the positions. The Committee recommends the following changes to the Bylaws:

13.40 ELECTION OF OFFICERS-Election of officers of the society shall take place at the last meeting of the House of Delegates at each Annual Session. All nominations shall be made from the floor of the House with the exception of the Secretary, Assistant Secretary, Treasurer and Assistant Treasurer who are nominated elected by the Board of Directors. If there is only one nomination for any office, the candidate so nominated may be elected viva voce.

14.10 ORGANIZATION-The Board of Directors is the executive body of the Society. Subject only to the following, it shall determine the times and places of its meetings. It shall nominate candidates for Secretary, Assistant Secretary, Treasurer and Assistant Treasurer, to be elected by the House of Delegates. At its first meeting immediately following the Annual Session of the

1999 HOUSE DELEGATES OF

House of Delegates, the Board of Directors shall elect a Secretary, Assistant Secretary, Treasurer, and Assistant Treasurer, who shall serve for a term of office of one year or until a successor is elected and takes office. At the same meeting, its first meeting immediately following the Annual Session of the House of Delegates, the Board of Directors shall elect a Chair, a Vice-Chair, a Chair of the Finance Committee, a Chair of the Health Care Delivery....

M. Speaker, your Reference Committee recommends adoption of this resolution and the appropriate changes to the Bylaws on first reading.

egation seats between Wayne County and Outstate be eliminated.

RECOMMENDATION TWO: That the one slotted seat on the delegation currently shared on a rotating basis every two years between residents and students be retained.

RECOMMENDATION THREE: That Section 13.30, "Election of Delegates to American Medical Association," second paragraph be amended (changes are in **bold**) as follows on first reading:

Delegates and alternate delegates to the American Medical Association shall serve for two -years terms. No more than onehalf the delegates or the nearest number to one-half should there be an odd number to elect, shall be elected in any one year. A delegate may not serve more than six consecutive terms. There will be no term limits for alternate delegates.



John Knote, MD, vice speaker, AMA House of Delegates, addresses MSMS delegates on Friday evening.

28-99A, "AMA Delegates and Alternate Election Procedures;" 76-99A, "Regional Election of AMA Delegates;" 108-99A, "AMA Delegate Slotted Seats," and Board Action Report #9, "Election **Process for AMA Delegates and Alternate** Delegates" were considered together.

The Committee heard abundant testimony supporting an open, unified, statewide elections process (Res. 28-99A, 108-99A, and Report #9). The Committee also heard testimony in favor of regional elections (76-99A) and believes this resolution and the testimony reflect the need for greater communication between the Michigan Delegation to the AMA and all members of the Society.

The Committee is therefore recommending approval of the recommendations in Board Action Report #9 as amended to read:

RECOMMENDATION ONE: That the allocation ratio of del-

The term limits for current delegates will begin when re-elected after the pertinent Bylaws changes are approved on second reading.

RECOMMENDATION FOUR: That beginning at the 2000 House of Delegates meeting, elections for AMA delegates and alternate delegates be held during the Saturday morning voting period, following nominations at the House on Friday evening during the Candidate Forum, and that the candidates with the plurality of the vote be declared the winners as outlined in Section 13.30 of the MSMS Bylaws.

RECOMMENDATION FIVE: That the Michigan Delegation to the AMA establish a liaison program with each component society to open up the lines of communication between the various regions of the state and the AMA, and to promote interaction between the del-

egation and the physicians they represent.

M. Speaker, your Reference Committee recommends adoption of Board Action Report #9 as amended and the changes to the above changes to the Bylaws on first reading.

Members of the Committee include: R. Paul Clodfelder, MD; Don G. Davis, MD; Juan-Carlos DiMusto, MD; and Thomas M. George, MD

Ex officio Members were: Dorothy M. Kahkonen, MD, Speaker of the House; William E. Madigan, Executive Director; Robert C. Packer, MD, Board Advisor; and Richard D. Weber, JD, Legal Counsel

The Committee was staffed by: Irene J. Frost

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1999 Resolutions

Calls to Action Cover a Wide Variety of Issues

RESOLUTION 1-99A

Robert S. Levine, MD, for the Oakland County Delegation

Title:Living With Dignity. DISAPPROVED.

RESOLVED: That MSMS support the philosophy that a role of physicians is to help their patients live with dignity; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to make one of the goals of medicine for the Third Millennium be that of medicine helping patients live with dignity, specifically, with pain and suffering controlled within the bounds of good medical practice; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to develop a campaign indicating that one of the goals of medicine is to help patients live with dignity.

RESOLUTION 2-99A

Robert S. Levine, MD, for the Oakland County Delegation

Title: Organization and Role of Caucuses. DISAPPROVED.

RESOLVED: That by the beginning of the Third Millennium (2001), that the current Outstate Caucus and Wayne Caucuses be disbanded and replaced by seven relatively homogeneous regional caucuses and one special interest caucus; and be it further

RESOLVED: That the role of the caucuses shall be to evaluate legislation (House of Delegates resolutions), Board reports, etc., and to serve as a vehicle for future MSMS leaders to become known to the House of Delegates; and be it further

RESOLVED: That the new caucus structure must allow capable individuals from any part of the great state of Michigan to become known to members of the House of Delegates; and be it further

RESOLVED: That the seven regional caucuses shall be 1) Wayne County (Wayne Caucus) 2) Oakland and Macomb Counties (Suburban Caucus) 3) Kent and Kalamazoo Counties (Major Small City Caucus) 4) Northern half Lower Peninsula and Upper Peninsula (Northern Michigan Caucus) 5) Thumb Area including Port Huron, Saginaw, Flint, and Bay City (Thumb Caucus) 6) Southeastern Michigan (SE Caucus) 7) Southwestern Michigan (SW Caucus); and be it further

RESOLVED: That there be an eighth caucus, a special interest



caucus, consisting of the special interest groups including but not limited to such groups as Young Physicians Section (YPS), International Medical Graduates (IMGs), students, residents, specialty society representatives and the Organized Medical Staff Section (OMSS); and be it further

RESOLVED: That each caucus will have a chair, vice-chair, and a number of official caucus spokespersons equal to the number of reference committees and that the caucus chair, caucus vice-chair, and caucus spokespersons will be the only individuals allowed to speak for the caucus at a committee hearing, however, other members may speak at the hearings for themselves, or if so authorized, for their county delegation or for some special interest group; and be it further

RESOLVED: That the caucus chair or vice-chair will be the only persons allowed to speak for the caucus on the floor of the House of Delegates, however, other members of the caucuses may speak at the meeting for themselves, or if so authorized, for their county delegation or for some special interest group; and be it further

RESOLVED: That all reference committees and other committees shall be composed of one representative from each of the eight caucuses; and be it further

RESOLVED: That the chairs of reference committees of the House of Delegates be divided as evenly as possible among the eight caucuses; and be it further

RESOLVED: That any necessary rules and/or bylaws changes be made so as to allow the institution of the new caucuses by the beginning of the Third Millennium; and be it further

RESOLVED: That the geographical composition of the caucuses be evaluated every 10 years starting in 2010 and the new geographic caucus division, if deemed appropriate, become effective the following year, 2011, 2021, and so forth.

RESOLUTION 3-99A

Steven E. Newman, MD, for the Oakland County Delegation

Title:Dispense as Written Prescriptions. ADOPTED AS AMENDED.

RESOLVED: That MSMS work with the Michigan Pharmacists Association to educate Michigan's pharmacists regarding current law and their scope of practice related to dispense as written prescriptions; and be it further

RESOLVED: That MSMS seek legislation or administrative rule

changes, if necessary, to ensure pharmacists' compliance with current law regarding dispense as written prescriptions; and be it further

RESOLVED: That MSMS provide an update to its members through its communication tools regarding pharmacy laws, such as dispense as written (DAW) prescriptions.

RESOLUTION 4-99A

Robert S. Levine, MD, for the Oakland County Delegation

Title:Insurance Form Tracking. REFERRED TO THE BOARD FOR STUDY.

RESOLVED: That MSMS ask the Physician Service Group to develop a service for the submission of claims to various companies; and be it further

RESOLVED: That this service keep records of the forms sent to insurance carriers to allow physicians objective neutral documentation that a claim form has been submitted to an insurance carrier.

RESOLUTION 5-99A

Robert S. Levine, MD, for the Oakland County Delegation

Title: Third Party Bankruptcies. ADOPTED AS AMENDED.

RESOLVED: That MSMS seek a mechanism to ensure that physicians receive payment for services provided when a third party becomes insolvent and leaves unpaid claims for physician services; and be it further

RESOLVED: That MSMS seek legislation to allow physicians to deduct the unpaid professional fees from their individual or corporate state income taxes, if the party responsible for contracting with the insurance company is the state of Michigan.

RESOLUTION 6-99A

Allen F. Turcke, MD, for the Genesee County Delegation

Title: Smoking in Cars Transporting Children. ADOPTED AS AMENDED.

RESOLVED: That MSMS develop a campaign to educate the public statewide that smoking in a vehicle transporting children under the age of 18 is a danger to their health and should be avoided at all costs; and be it further

RESOLVED: That MSMS seek broad-based coalition support for this campaign to educate the public on the dangers of smoking in vehicles transporting children.

RESOLUTION 7-99A

Peggyann Nowak, MD, for the Oakland County Delegation

Title: Trust Fund for Tobacco Funds. REFERRED TO THE BOARD FOR STUDY.

RESOLVED: That MSMS seek legislation mandating the estab-

lishment of a separate trust fund for money received from the tobacco industry; and be it further

RESOLVED: That MSMS seek legislation mandating that the money deposited in this trust fund be used exclusively to fund health care initiatives and programs in the state of Michigan, particularly Medicaid.

RESOLUTION 8-99A

Robert S. Levine, MD, for the Oakland County Delegation

Title: Appropriate Use of Health Insurance Premiums. ADOPTED AS AMENDED.

RESOLVED: That MSMS further distribute to the public existing data regarding the variation in the percentage of payout for patient care among Michigan health plans.

RESOLUTION 9-99A

Robert S. Levine, MD, for the Oakland County Delegation

Title: MSMS 800 Number. NO ACTION.

RESOLVED: That MSMS produce and distribute a Rolodex card with the 800 number to all members of MSMS.

RESOLUTION 10-99A

Robert S. Levine, MD, for the Oakland County Delegation

Title:Conflict of Interest. REFERRED TO THE BOARD FOR STUDY.

RESOLVED: That MSMS develop a conflict of interest disclosure policy in accordance with AMA and MSMS guidelines to be recommended to all physicians before matters are discussed at the MSMS House of Delegates; and be it further

RESOLVED: That MSMS distribute the conflict of interest policy to all delegates/alternates and any other physicians wishing to testify on matters before a reference committee of the MSMS House of Delegates or on the floor of the MSMS House of Delegates.

RESOLUTION 11-99A

Edward M. Cohn, MD, Oakland County

Title:Patient's Right to Information. REFERRED TO THE BOARD FOR STUDY.

RESOLVED: That MSMS support the position that an individual or their lawful designee has the right to a copy of his/her medical record, if this will not endanger the patient; and be it further

RESOLVED: That MSMS pursue legislation that requires the custodian of medical records to forward such records to those parties requested by an individual or their lawful designees, if this will not endanger the patient; and be it further

RESOLVED: That MSMS pursue legislation that requires an individual in possession of requested medical records, forward such requested records within a reasonable period of time and at a reasonable charge not to exceed copying and associated costs.

RESOLUTION 12-99A

Lourdes V. Andaya, MD, for the Wayne County Delegation

Title:Study Act 368 of 1978 Michigan Public Health Code. NO ACTION.

RESOLVED: That MSMS initiate a study of the portion of Act 368 applicable to medical privileges, duties and responsibilities in Article 15, Sections 161 through 187 of the Michigan Public Health Code.

RESOLUTION 13-99A

Gilbert B. Bluhm, MD, for the Wayne County Delegation

Title:Conflict of Interest Declaration. REFERRED TO THE BOARD FOR STUDY.

RESOLVED: That MSMS require a delegate to declare and state any conflict of interest, if it exists, when an issue is discussed at a reference committee and during the session of the MSMS House of Delegates.

RESOLUTION 14-99A

George C. Hill, MD, for the Wayne County Delegation

Title: Worker's Compensation Control of Management and Physician Information. APPROVED.

RESOLVED: That MSMS facilitate education of physicians about the Worker's Compensation System Guidelines.

RESOLUTION 15-99A

Lourdes V. Andaya, MD, for the Wayne County Delegation

Title: The Hospitalist. APPROVED.

RESOLVED: That MSMS oppose mandatory requirements that a patient's physician turn over inpatient care to "hospitalists;" and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to oppose mandatory requirements that a patient's physician turn over inpatient care to a "hospitalist."

RESOLUTION 16-99A

Gilbert B. Bluhm, MD, for the Wayne County Delegation

Title:Lay Reporting of Clinical Studies by Age Groups. DIS-APPROVED.

RESOLVED: That MSMS, when providing scientific information for the public by press release, in magazines or other lay documents, consider to characterize age groupings that best reflect reports of clinical studies and the progress for longevity; and be it further

RESOLVED: That the age groupings utilized be those defined by social psychology, specifically; children, age up to 12 years; teenage, 13-19 years; young adults, 20-39 years; middle age, 40-59; older adults; 60-79 and elderly, 80 years plus; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA, when providing scientific information for the public by press release, in magazines or other lay documents, consider to characterize age groupings that best reflect reports of clinical studies and the progress for longevity; and be it further

RESOLVED: That the age groupings utilized be those defined by social psychology, specifically; children, age up to 12 years; teenage, 13-19 years; young adults, 20-39 years; middle age, 40-59; older adults; 60-79 and elderly, 80 years plus.

RESOLUTION 17-99A

Gilbert B. Bluhm, MD, for the Wayne County Delegation

Title: Scientific Manuscript Published by AMA Supported Journals. APPROVED.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to request the editor of any scientific journal published under the auspices of the AMA to resume publication of the date of submission by the author(s) and the acceptance date of a manuscript.

RESOLUTION 18-99A

Narinder K. Sherma, MD, for the Wayne County Delegation

Title:Continuing Medical Education (CME) Credits to Increase Membership. DISAPPROVED.

RESOLVED: That MSMS provide the opportunity for enough continuing medical education (CME) credits as a membership benefit to enable a member to fulfill the requirement for maintaining state licensure.

RESOLUTION 19-99A

Gilbert B. Bluhm, MD, for the Wayne County Delegation

Title:Misuse of Standard of Practice and Guidelines by Third Party Payers. APPROVED.

RESOLVED: That MSMS review third party payer processes that delay timely recognition of advances made by clinical and/or basic research which improves the diagnosis and/or treatment of disease; and be it further

RESOLVED: That MSMS alert physicians to impartial arbitration when third party payers or associated service organizations fail to recognize the scientific clinical advances by citing it "experimental and not standard of practice" and take punitive action against a physician; and be it further

RESOLVED: That MSMS seek assistance from the Michigan Insurance Commissioner to correct the onerous delay in providing the most current patient care, and to correct unjust punitive actions toward physicians by third party payers and/or associated service organizations.

RESOLUTION 20-99A

Gilbert B. Bluhm, MD, for the Wayne County Delegation

Title: Simplify the Use of the Medical Savings Account (MSA). APPROVED.

RESOLVED: That MSMS study the current Medical Savings Account (MSA) concept which has been too complex and confusing for the public and insurance agents to utilize; and be it further

RESOLVED: That MSMS seek state legislation to implement appropriate changes so the MSA may become an attractive, alternate health insurance program; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to study the current MSA concept which has been too complex and confusing for the public and insurance agents to utilize: and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to seek federal legislation to implement appropriate changes so the MSA may become an attractive, alternate health insurance program.

RESOLUTION 21-99A

Narinder K. Sherma, MD, for the Wayne County Delegation

Title: Hassle Reduction Program. Referred to the Board for Study.

RESOLVED: That MSMS develop a hassle reduction program to document and resolve the hassles its members face in the everyday practice of medicine; and be it further

RESOLVED: That upon development of a hassle reduction program this information be widely disseminated to all its member physicians.

RESOLUTION 22-99A

Narinder K. Sherma, MD, for the Wayne County Delegation

Title: Health Maintenance Organization Act: A Time to Revisit. Adopted.

RESOLVED: That the Michigan Delegation to the AMA urge the AMA to conduct a study of the impact of the Health Maintenance Organization Act of 1973 and make recommendations for improvements.

RESOLUTION 23-99A

Samuel D. Indenbaum, MD, for the Wayne County Delegation

Title:Bargaining Power for Physician Groups. Adopted as Amended.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to support the concepts as presented in the current draft of the "Quality Health Care Coalition Act of 1999" sponsored by Representatives Campbell and Convers, allowing physician groups to have the legal right to locally organize and bargain for their membership; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to increase those efforts currently available to educate physicians relative to collective bargaining.

RESOLUTION 24-99A

Sophie J. Womack, MD, and Barbara A. Lucas, MD, for the Wayne County Delegation

Title: Concealed Guns Legislation. No Action.

RESOLVED: That MSMS promote in the legislature and among local and state policy makers and advisors, both public and private, an emphasis on the importance of the protection of the collective rights of society in any debate regarding the liberalization of concealed weapons laws.

RESOLUTION 25-99A

Lourdes V. Andaya, MD, for the Wayne County Delegation

Title: Michigan Tobacco Control Efforts. Adopted as Amended.

RESOLVED: That MSMS endorse the Tobacco-Free Michigan Action Coalition's spending proposal, named Operation Invest, of at least \$75 million per year for a comprehensive tobacco control program for the state of Michigan.

RESOLUTION 26-99A

John R. Addy, MD, for the Ingham County Delegation

Title: Mandated Central Repository for Professional Credentialing. Adopted as Amended.

RESOLVED: That MSMS seek legislation to require health plans and hospitals in Michigan to utilize a uniform statewide credentialing application as part of the credentialing system for physicians.

RESOLUTION 27-99A

Steven E. Newman, MD, for the Oakland County Delegation

Title: Good Samaritan Legislation. No Action.

RESOLVED: That MSMS seek legislation to expand Michigan's current Good Samaritan Law to protect volunteer physicians, who follow established medical treatment protocols, from litigation in appropriate, limited circumstances such as incidences related to domestic violence.

RESOLUTION 28-99A

Robert S. Levine, MD, for the Oakland County Delegation

Title: AMA Delegate and Alternate Election Procedures. Substitute Board Action Report (in lieu of Resolutions 28-99A, 76-99A, 108-99A and Board Action Report #9) Adopted First Reading. See Board Action Report #9.

RESOLUTION 29-99A

Peggyann Nowak, MD, for the Oakland County Delegation

Title: Guidelines for Testifying on the Open Floor at the MSMS House of Delegates. Disapproved.

RESOLVED: That MSMS establish a House of Delegates protocol that if the resolution sponsor (or his/her designee) does not attend the reference committee meeting and discuss the resolution that it will not be allowed to be discussed on the floor of the full House of Delegates; and be it further

RESOLVED: That MSMS establish a House of Delegates protocol that if the reference committee members make a recommendation that a resolution not be adopted, and the resolution sponsor (or his/her designee) does not speak to the resolution, then the resolution "dies" at that House of Delegates meeting.

RESOLUTION 30-99A

Raouf R. Seifeldin, MD, for the Oakland County Delegation

Title: Internet Medicine. No Action.

RESOLVED: That MSMS call upon the Michigan Legislature to consider the provision of "on-line" medical advice as an act of practicing medicine requiring proper licensure of the advisor, in Michigan, as a physician, physician assistant or advanced practice nurse; and be it further

RESOLVED: That MSMS call upon the Michigan Legislature to forbid the remuneration of an individual in any way for the performance of "on-line" medical services, without proper Michigan licensure; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to help pass federal legislation that would require providers of "on-line" medical services to comply with state licensure requirements.

RESOLUTION 31-99A

Carolyn W. Bird, MD, for the Oakland County Delegation

Title:Lead Poisoning Prevention in Children. ADOPTED AS AMENDED.

RESOLVED: That MSMS work with the Michigan Department of Community Health to explore development of a protocol for physicians to educate them regarding appropriate lead poisoning screening and testing procedures, and reporting sources of exposure; and be it further

RESOLVED: That MSMS continue to work with the Michigan Department of Community Health to determine other appropriate avenues to ensure all children 0-6 years of age are being screened for risk factors for lead exposure.

RESOLUTION 32-99A

Kenneth J. McNamee, MD, Monroe County

Title: Quality Intervention Program in Michigan. APPROVED.

RESOLVED: That MSMS seek legislation that would implement a quality intervention program that could serve as an alternative to formal disciplinary action by the Michigan Board of Medicine; and be it further

RESOLVED: That when it has been determined that a quality of care complaint does not rise to a level that would require formal disciplinary action this alternative would allow for the licensee to undergo education and remediation with oversight by the Office of Health Services and the Michigan Board of Medicine; and be it further

RESOLVED: That if the licensee successfully completes the recommended training program and follow up investigations reveal that he or she has incorporated the material learned into his or her practice, the complaint will be closed, and will not serve as the basis for formal disciplinary action in the absences of evidence or violation of the medical practice act; and be it further

RESOLVED: That all information received as part of an investigation and referral to a quality intervention program be confidential and not subject to discovery in any civil proceeding.

RESOLUTION 33-99A

Kenneth J. McNamee, MD, Monroe County

Title:Board of Medicine Jurisdiction of Health Plan Medical Directors. ADOPTED AS AMENDED.

RESOLVED: That MSMS seek legislation that would establish Michigan Board of Medicine jurisdiction over health plan medical directors and utilization review physicians in the state of Michigan.

RESOLUTION 34-99A

Domenic R. Federico, MD, MI Section - American College of Obstetrics and Gynecology

Title:Licensing Freestanding Birth Centers. ADOPTED AS AMENDED.

RESOLVED: That MSMS oppose freestanding birth centers in Michigan.

RESOLUTION 35-99A

Domenic R. Federico, MD, MI Section, American College of Obstetrics and Gynecology

Title: Preventing Injury to Mothers and Babies in Out-of-Hospital Births. ADOPTED AS AMENDED.

RESOLVED: That MSMS support legislation to enforce criminal penalties against a person who:

- provides prenatal care unless that person is either:
 - 1. licensed in the state of Michigan as an MD or DO, or a physician-supervised certified nurse midwife;
 - licensed in the state of Michigan as a physician supervised RN or PA in accordance with existing state law.

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b. provides planned out-of-hospital delivery care unless that person is licensed in the state of Michigan as an MD or DO or physician supervised certified nurse midwife.

RESOLUTION 36-99A

David E. Randolph, MD, Midland County

Title:Formalizing the Term "Usual and Customary." DISAP-PROVED.

RESOLVED: That MSMS seek legislation that would establish a legal definition for "usual and customary" to be used in all insurance transactions.

RESOLUTION 37-99A

George L. Blum, MD, for the Oakland County Delegation

Title:Inadequate Medicaid Funding and Patient Access. NO ACTION.

RESOLVED: That MSMS form a coalition with other health care organizations to pursue all legal means, including a federal court lawsuit, to increase the state health budget to levels comparable to surrounding states, allowing adequate access for Medicaid patients to quality health care.

RESOLUTION 38-99A

Peter T. Muller, MD, for the Oakland County Delegation

Title:Restrictions for Contracting by Primary Care Doctors. REFERRED TO THE BOARD FOR STUDY.

RESOLVED: That MSMS pursue the possibility that restrictions for contracting by primary care doctors imposed by managed care organizations constitute a restraint of trade and if so, help physicians counteract these restrictions in their practices.

RESOLUTION 39-99A

Peter T. Muller, MD, for the Oakland County Delegation

Title:School Personnel and Medical Training. DISAP-PROVED.

RESOLVED: That MSMS seek legislation to require that a course in medical information and procedures be included in the requirements for certification for school personnel; and be it further

RESOLVED: That certain school personnel such as school bus drivers have at least basic cardio pulmonary resuscitation (CPR) training as a requirement for employment.

RESOLUTION 40-99A

Timothy B. Aiken, MD, St. Clair County, for David Moore Hislop, MD

Title:Membership of Osteopathic Physicians. REFERRED TO THE BOARD FOR ACTION.

RESOLVED: That MSMS take steps to reduce the cost of mem-

bership at MSMS and related counties for osteopathic physicians who are members in good standing of the Michigan Osteopathic Association (MOA).

RESOLUTION 41-99A

Kenneth A. Fisher, MD, Kalamazoo County, for Krishna M. Jain, MD

Title:Medicare Fraud and Abuse Law. ADOPTED AS AMENDED.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to seek legislation to revise and amend the federal False Claims Act to eliminate the private qui tam plaintiff provisions relative to physicians, to promote the fair use of the provisions and to ensure that claims of health care fraud are fully and properly investigated and prosecuted.

RESOLUTION 42-99A

Caroline G. M. Scott, MD, Saginaw County

Title:Remove Requirement for Special Prescription Pads for Schedule 2 Narcotics. ADOPTED.

RESOLVED: That MSMS seek legislation to remove the requirement to use special prescription pads for Schedule 2 narcotics.

RESOLUTION 43-99A

Andrew J. Krapohl, MD, for the Organized Medical Staff Section

Title:Merging Medical Staffs. Substitute Resolution (in lieu of Resolutions 43-99A and 53-99A) ADOPTED.

RESOLVED: That MSMS advise medical staffs that protocols and procedures developed for the merging of medical staffs be certain to include a pre-merger procedure that addresses those physicians who have previously been removed or who have left the medical staff for cause; and be it further

RESOLVED: That these protocols provide for due process procedures that are fair to the physician and provide the appropriate protection for the merged medical staff; and be it further

RESOLVED: That MSMS make known and recommend to Michigan physicians the incorporation of appropriate due process provision model language into their organizational staff bylaws.

RESOLUTION 44-99A

Andrew J. Krapohl, MD, for the Organized Medical Staff Section

Title:Office of Health Services Investigation. ADOPTED AS AMENDED.

RESOLVED: That MSMS examine the practice of the Office of Health Services (OHS) review of malpractice cases to evaluate the fairness of the program and procedures to ensure protection of both MD and DO physicians in this process; and be it further

RESOLVED: That MSMS seek legislation to transfer the jurisdiction for the review of malpractice cases from the Office of Health Services (OHS) to the Michigan Board of Medicine.

RESOLUTION 45-99A

Andrew J. Krapohl, MD, for the Organized Medical Staff Section

Title: Medicaid Health Maintenance Organization (HMO) Oversight. NO ACTION.

RESOLVED: That MSMS develop a plan to continuously monitor Medicaid HMOs and communicate in a timely manner to MSMS members vital information regarding quality, effectiveness and financial compromises in service delivery by Medicaid HMOs; and be it further

RESOLVED: That MSMS develop an annual monograph that advises physicians as to the quality, effectiveness and financial performance by Medicaid HMOs similar to the one currently done for commercial HMOs.

RESOLUTION 46-99A

Andrew I. Krapohl, MD, for the Organized Medical Staff Section

Title: Continuity and Coordination of Patient Care. ADOPTED AS AMENDED.

RESOLVED: That MSMS seek legislation to ensure that the Michigan Department of Community Health and contracted agencies do not disrupt the continuum of care when it is not in the best clinical interest of the patient; and be it further

RESOLVED: That MSMS initiate efforts to provide greater coordination and less random assignment of family members enrolled in Medicaid Qualified Health Plans.

RESOLUTION 47-99A

Andrew I. Krapohl, MD, for the Organized Medical Staff Section

Title:Organ Donation Crisis. APPROVED.

RESOLVED: That MSMS work with organ donation and procurement organizations to promote physician and community education regarding organ donation and procurement.

RESOLUTION 48-99A

Andrew J. Krapohl, MD, for the Organized Medical Staff Section

Title:Self-Referral for Medical Testing. DISAPPROVED.

RESOLVED: That MSMS evaluate the incidence of patient selfreferral for medical testing and develop recommendations for educational materials for the public; and be it further

RESOLVED: That MSMS members be made aware of the importance of communicating to their patients the appropriate process and mechanisms which will prevent self-referral without proper evaluation, assessment and need for appropriate testing.

RESOLUTION 49-99A

Andrew J. Krapohl, MD, for the Organized Medical Staff Section

Title:Innovation in Medicaid Managed Care. ADOPTED AS AMENDED.

RESOLVED: That MSMS review the "Community Care Plan" in North Carolina, and other states' Medicaid Managed Care models, which are less insurance industry dependent and might offer alternatives in contracting for care by physicians under Medicaid.

RESOLUTION 50-99A

Andrew J. Krapohl, MD, for the Organized Medical Staff Section

Title: Application of Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Criteria for HMO Selected Laboratories, APPROVED.

RESOLVED: That MSMS seek legislation that would require Joint Commission on Accreditation of Healthcare Organizations (ICAHO) Standards (PE1.9, 1.9.1, 1.9.1.1, 1.9.2) or their equivalent be applied and legislation be crafted to prevent fraudulent representation of services of HMO laboratories to physicians and to their patients; and be it further

RESOLVED: That MSMS seek legislation requiring HMOs to give their patients clear, precise literature as to the potential inconveniences in laboratory services and how these can be resolved in a prompt, timely manner; and be it further

RESOLVED: That MSMS seek legislation requiring that physicians at the local level of HMO patient care be consulted concerning the adequacy and quality of HMO laboratories.

BACKGROUND 1998 JOINT COMMISSION ON ACCREDI-TATION OF HEALTHCARE ORGANIZATION STAN-DARDS:

- PE1.9 Pathology and clinical laboratory services and consultation are readily available to meet patients' needs.
- PE1.9.1 The organization provides for prompt performance of adequate examinations in anatomic pathology, hematology, chemistry, microbiology, clinical microscopy, parasitology, immunohematology, serology, virology, and nuclear medicine related to pathology and clinical laboratory services.
- PE1.9.1.1 While the patient is under the organization's care, all laboratory testing is done in the organization's laboratories or approved reference laboratories.
- PE1.9.2 When organized central pathology and clinical laboratory services are not offered, the organization identifies acceptable reference or contract laboratories.

RESOLUTION 51-99A

Andrew J. Krapohl, MD, for the Organized Medical Staff Section

Title:Trauma Center/Systems. APPROVED.

RESOLVED: That MSMS encourage and support the American College of Surgeons in its Verification Consultation Program for Hospitals; and be it further

RESOLVED: That MSMS seek trauma system legislation as currently proposed by the American College of Emergency Physi-

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cians (ACEP), the Michigan Committee on Trauma of the American College of Surgeons, and the Michigan Trauma Coalition, to ensure that coordinated trauma systems are established in Michigan; and to ensure that coordinated trauma systems work with local medical control agencies to establish protocols and guidelines for use by the Emergency Medical Services (EMS) personnel.

RESOLUTION 52-99A

Andrew J. Krapohl, MD, for the Organized Medical Staff Section

Title: Television Advertising of Prescription Drugs. ADOPTED AS AMENDED.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to develop and coordinate guidelines to address pharmaceutical manufacturer marketing programs and provide appropriate standards for both the broadcast and production of prescription drug commercials and ensure adequate Food and Drug Administration staffing to achieve these goals.

RESOLUTION 53-99A

Andrew J. Krapohl, MD, for the Organized Medical Staff Section

Title:Medical Staff Due Process. Substitute Resolution (in lieu of Resolutions 43-99A and 53-99A) ADOPTED. See Resolution 43-99A.

RESOLUTION 54-99A

Andrew J. Krapohl, MD, for the Organized Medical Staff Section

Title:Pharmacists Providing Medical Consultation. Adopted as Amended.

RESOLVED: That MSMS oppose legislation that would expand the scope of practice of Michigan pharmacists as it relates to the prescribing of prescription medication, the altering of prescriptions, the offering of medical consultation or the counseling of patients.

RESOLUTION 55-99A

Andrew J. Krapohl, MD, for the Organized Medical Staff Section

Title:Y2K Compliance. Disapproved.

RESOLVED: That MSMS, working with county medical societies, schedule as many Y2K seminars as necessary to assist their members in achieving Y2K compliance for their office computers, diagnostic and treatment equipment; and be it further

RESOLVED: That MSMS offer through its Making the Rounds program Y2K consulting advice.

RESOLUTION 56-99A

Andrew J. Krapohl, MD, for the Organized Medical Staff Section

Title: National Fraud and Abuse Data Bank. No Action.

RESOLVED: That MSMS communicate with the Office of In-

spector General, Health Care Financing Administration (HCFA) and Congress asking that they structure the proposed HCFA Health Care Fraud and Abuse Data Collection Program so as not to inadvertently cause harm; and be it further

RESOLVED: That MSMS oppose the development and establishment of a second data bank that includes physicians, and instead, suggest to HCFA and Congress that cases of physician fraud and abuse be included within the National Practitioner Data Bank, but only after exhaustion of all due process rights; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to communicate with the Office of Inspector General, Health Care Financing Administration (HCFA) and Congress requesting that they structure the proposed HCFA Health Care Fraud and Abuse Data Collection Program so as not to inadvertently cause harm; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to oppose the development and establishment of a second data bank that includes physicians, and instead, suggest to HCFA and Congress that cases of physician fraud and abuse be included within the National Practitioner Data Bank, but only after exhaustion of all due process rights.

RESOLUTION 57-99A

Andrew J. Krapohl, MD, for the Organized Medical Staff Section

Title:Continuing Medical Education (CME) Credits to Increase Membership. APPROVED.

RESOLVED: That MSMS and county medical societies develop policies encouraging sponsorship of programs offering CME credits as a membership benefit to enable members to fulfill CME requirements for maintaining a license to practice medicine within the state of Michigan.

RESOLUTION 58-99A

Andrew J. Krapohl, MD, for the Organized Medical Staff Section

Title:Refute Health Care Financing Administration (HCFA). APPROVED.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA for immediate action by the AMA Board of Trustees to distribute brochures with the AMA advice to patients concerning the anti-fraud campaign by Health Care Financing Administration (HCFA) as they undermine the physician-patient relationship and that these brochures may be available to all physicians for wide distribution to every Medicare patient.

RESOLUTION 59-99A

Andrew J. Krapohl, MD, for the Organized Medical Staff Section

Title:Prescription Coverage by Medicare. Adopted as Amended.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to recommend to Congress prescription coverage for patients in the Medicare program.

RESOLUTION 60-99A

Michael L. Gambel, MD, for the Section for International Medical Graduates

Title: Transition of Responsibilities Away from the Educational Commission for Foreign Medical Graduates (ECFMG). AP-PROVED.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to evaluate the Educational Commission for Foreign Medical Graduates (ECFMG's) function, accountability, due process, and standards of examination and its role related to the United States Medical Licensing Examination (USMLE); and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to examine the possibility of the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME) to administer the USMLE to IMGs, as they do for U.S. medical school graduates.

RESOLUTION 61-99A

Michael L. Gambel, MD, for the Section for International Medical Graduates

Title:Independent Review Panel for Third Party Payer Quality of Care Disputes. ADOPTED.

RESOLVED: That MSMS seek legislation to enable patients to appeal to an independent review panel in order to resolve patient/managed care disputes and patient/other third party payer care disputes; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to seek legislation to appeal to an independent review panel in order to resolve patient/managed care disputes and patient/ other third party payer disputes.

RESOLUTION 62-99A

Michael L. Gambel, MD, for the Section for International Medical Graduates

Title: Change Direction of Payment by Blue Cross Blue Shield of Michigan (BCBSM). APPROVED.

RESOLVED: That MSMS seek legislation or some other avenue which would require Blue Cross Blue Shield of Michigan (BCBSM) to pay physicians directly, when authorized to do so by the patient, for services provided by the physicians to the patient.

RESOLUTION 63-99A

Michael L. Gambel, MD, for the Section for International Medical Graduates

Title:Corporate and Institutional Medical Decision-Making. APPROVED.

RESOLVED: That MSMS seek legislation to make medical decisions made by corporate, institutional and third party payer re-

viewers and directors declared the practice of medicine; and be it further

RESOLVED: That MSMS seek legislation which states corporate, institutional and third party payer review all directives making medical decisions for patients in the state of Michigan and be held liable via tort and disciplinary measures for those decisions; and be it further

RESOLVED: That MSMS seek legislation which states all physicians making these decisions for corporations, institutions and third party payers, be duly licensed physicians by the state of Michigan.

RESOLUTION 64-99A

Michael L. Gambel, MD, for the Section for International Medical Graduates

Title: The Good Medicine Act. ADOPTED AS AMENDED.

RESOLVED: That MSMS encourage health plans that intend to implement practice parameters to use guidelines consistent with those of national specialty societies recognized by the AMA; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to encourage health plans that intend to implement practice parameters to use guidelines consistent with those of national specialty societies recognized by the AMA.

RESOLUTION 65-99A

Michael L. Gambel, MD, for the Section for International Medical Graduates

Title: MSMS Effort to Improved Medicaid Physician Reimbursement and Timely Payment of Medical Services. AP-PROVED.

RESOLVED: That MSMS continue its aggressive efforts to improve physician reimbursement under the Medicaid system and to compel the state of Michigan to follow federal and state requirements that Medicaid Qualified Health Plans pay 90 percent of its medical claims within 30 days and 99 percent of its medical claims within 90 days.

RESOLUTION 66-99A

Fernando C. Gomez, MD, for the Young Physicians Section

Title: Durable Power of Attorney/Living Will. REFERRED TO THE BOARD FOR STUDY.

RESOLVED: That MSMS work to establish a database containing the names of individuals and relevant documents pertaining to Durable Power of Attorney and/or Living Wills; and be it further

RESOLVED: That the database of Durable Power of Attorney and/or Living Will information be accessible by qualified medical personnel throughout the state; and be it further

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RESOLVED: That MSMS develop and distribute appropriate educational materials on Durable Power of Attorney and/or Living Wills to residents in Michigan.

RESOLUTION 67-99A

Fernando C. Gomez, MD, for the Young Physicians Section

Title:Pharmaceutical Costs. ADOPTED AS AMENDED.

RESOLVED: That MSMS offer educational assistance to physicians in reviewing contractual language regarding pharmaceutical costs in capitated insurance plans.

RESOLUTION 68-99A

Fernando C. Gomez, MD, for the Young Physicians Section

Title:Direct Marketing by Pharmaceutical Companies. DISAP-PROVED.

RESOLVED: That MSMS seek legislation limiting direct marketing by pharmaceutical companies to consumers.

RESOLUTION 69-99A

Fernando C. Gomez, MD, for the Young Physicians Section

Title: MSMS Endorsements. DISAPPROVED.

RESOLVED: That MSMS evaluate the feasibility of a program whereby it would:

- 1 Determine standards which a public product must meet to achieve MSMS endorsement
- 2 Collect a fee to test a submitted product to see if it meets these standards
- 3 Determine if a submitted product meets standards developed by MSMS
- 4 Allow an approved product to be produced and sold with the MSMS endorsement
- 5 Collect royalties on the sale of an endorsed product.

RESOLUTION 70-99A

Fernando C. Gomez, MD, for the Young Physicians Section

Title:Physician Collective Bargaining Unit Readiness. ADOPTED AS AMENDED.

RESOLVED: That MSMS develop the management and legal expertise so that a collective bargaining unit composed of a health system's employed physicians could be formed correctly, effectively and quickly; and be it further

RESOLVED: That MSMS conduct seminars to inform and educate physicians relative to the issues regarding collecting bargaining units.

RESOLUTION 71-99A

Fernando C. Gomez, MD, for the Young Physicians Section

Title: Ease of Transition in the AMA. APPROVED.

RESOLVED: That MSMS work with the AMA to develop a more efficient method for updating member status and affiliation; and be it further

RESOLVED: That MSMS work with the AMA to develop a more efficient method for updating changes to members addresses in a timely fashion.

RESOLUTION 72-99A

Fernando C. Gomez, MD, for the Young Physicians Section

Title: Availability of Background Information from MSMS. ADOPTED AS AMENDED.

RESOLVED: That MSMS make available through its members only Website any background information available for each resolution for the House of Delegates meeting.

RESOLUTION 73-99A

Fernando C. Gomez, MD, for the Young Physicians Section

Title:Primary Care Physician Reimbursement for Diagnosis and Treatment of Depression. ADOPTED ORIGINAL RESOLUTION.

RESOLVED: That MSMS work with the appropriate agencies to prohibit retrospective reimbursement denial by third party payers to primary care physicians for a primary diagnosis of depression, as well as for subsequent treatment rendered for depression; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA, in conjunction with the appropriate medical specialty societies involved with the diagnosis and treatment of depression, work with the appropriate agencies to prohibit retrospective reimbursement denial by third party payers nation wide to primary care physicians for a primary diagnosis of depression, as well as for subsequent treatment rendered for depression.

RESOLUTION 74-99A

David E. Randolph, MD, Midland County, for Scott A. Thiele, MD

Title: Elimination of Precertification for Delivery. ADOPTED AS AMENDED.

RESOLVED: That MSMS seek to abolish the current practice/rule requiring prior authorization for elective delivery of any patient.

RESOLUTION 75-99A

Thomas F. Higby, MD, Livingston County

Title:Censure of E. R. Anderson, MD, AMA Executive Vice President. DISAPPROVED.

RESOLVED: That MSMS censure AMA Executive Vice President E. Ratcliffe Anderson, Jr., MD, for terminating the editor of the Journal of the American Medical Association, Doctor George Lundberg, a man of long tenure and high regard in the medical community.

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RESOLUTION 76-99A

Thomas F. Higby, MD, Livingston County

Title: Regional Election of AMA Delegates. Substitute Resolution (in lieu of Resolutions 28-99A, 76-99A, 108-99A and Board Action Report #9) ADOPTED ON FIRST READING. See Board Action Report #9.

RESOLUTION 77-99A

Thomas F. Higby, MD, Livingston County, for James E. Dowd, MD

Title:Public Relations Initiative. NO ACTION.

RESOLVED: That MSMS set aside monies for advertising to promote the importance of the physician-patient relationship, to promote access to medical information to help patients make decisions, to promote provider choice and to promote a patient's "Bill of Rights."

RESOLUTION 78-99A

Ronald H. Bissett, MD, Delta County, for Carol A. Krieg, MD

Title: Misuse of the Title "Doctor." ADOPTED AS AMENDED.

RESOLVED: That MSMS seek enforcement of the current law that prohibits the use of the title 'Doctor' or 'Dr.' in advertising or any promotional medium and instead use only the appropriate acronym as delineated in an individual's professional license.

RESOLUTION 79-99A

Harvey W. Halberstadt, MD, Oakland County

Title: Specialty Society Delegate Requirements. REFERRED TO THE BOARD FOR STUDY.

RESOLVED: That MSMS revoke the requirement that 70 percent of a specialty society's membership must be MSMS members for the specialty society to be allowed a delegate to the MSMS House of Delegates.

RESOLUTION 80-99A

Harvey W. Halberstadt, MD, Oakland County

Title:End of Medical Privacy. ADOPTED AS AMENDED.

RESOLVED: That the AMA undertake efforts necessary to amend the provision of the Health Insurance Portability Act of 1996 that mandates a national patient identifier or to require an affirmative vote by Congress before a patient identifier requirement is implemented.

RESOLUTION 81-99A

Harvey W. Halberstadt, MD, Oakland County

Title:Prescription Data Banks. ADOPTED AS AMENDED.

RESOLVED: That MSMS support legislation to prohibit a pharmacist, pharmacy employee, pharmacy or other person having custody of or access to a prescription or an equivalent record of the prescription from disclosing the contents of the prescription to anyone, except the treating physician, without the written, informed consent of the patient for whom the prescription was issued.

RESOLUTION 82-99A

Harvey W. Halberstadt, MD, Oakland County

Title:Restricting Medical Practices. ADOPTED ORIGINAL RESOLUTION.

RESOLVED: That MSMS make it a priority to seek legislation to prevent health care companies and third party payers from restricting the practice of physicians.

RESOLUTION 83-99A

Harvey W. Halberstadt, MD, Oakland County

Title: Contracts for Physicians Who Are Not Board Certified. NO ACTION.

RESOLVED: That MSMS make it a priority to seek legislation that makes it mandatory for health care management companies and third party payers to give contracts to physicians who are not board certified.

RESOLUTION 84-99A

Harvey W. Halberstadt, MD, Oakland County

Title:Prioritizing Mental Health Services. APPROVED.

RESOLVED: That MSMS make it a priority to seek legislation that gives parity to mental health services.

RESOLUTION 85-99A

Timothy B. Aiken, MD, St. Clair County

Title:BCBSM Reimbursement of Duly Licensed Freestanding Ambulatory Surgical Centers. NO ACTION.

RESOLVED: That MSMS notify and request the Michigan Department of Community Health to order Blue Cross Blue Shield of Michigan (BCBSM) to contract with and reimburse physicianowned freestanding ambulatory surgical centers that are duly licensed.

RESOLUTION 86-99A

Joshua B. Helman, MD, for the Resident Physicians Section

Title:Use of Members' E-Mail Addresses. REFERRED TO THE BOARD FOR STUDY.

RESOLVED: That MSMS develop a plan to address the use of members' e-mail addresses.

RESOLUTION 87-99A

Reed K. Freidinger, MD, MI Association of Medical Examiners for Dennis A. Smallwood, MD

Title: Examiners Unimpeded Access to Medical Records of Deceased Persons. APPROVED.

RESOLVED: That MSMS seek legislation which would allow medical examiners or their investigators unimpeded access to the medical records of individuals whose death is under investigation: and be it further

RESOLVED: That said legislation also prevent such information from becoming part of the medical examiners records subject to public scrutiny but remain subject to the rules of confidentiality already in place.

RESOLUTION 88-99A

John E. Billi, MD, for the Washtenaw County Delegation

Title: Tobacco Settlement. ADOPTED AS AMENDED.

RESOLVED: That MSMS actively seek to ensure a substantial portion of any local, state, or national tobacco litigation settlement proceeds be directed toward preventing children from using tobacco in any form, helping current tobacco users quit, and protecting non-smokers from environmental tobacco smoke.

RESOLUTION 89-99A

John E. Billi, MD, for the Washtenaw County Delegation

Title:Parity on Mental Health. NO ACTION.

RESOLVED: That MSMS seek legislation to ensure that coverage for mental health and substance abuse services is not more restrictive than for other medical services; and be it further

RESOLVED: That MSMS seek legislation to ensure Health Maintenance Organizations (HMOs), insurance policies and health care corporation certificates include coverage for mental illness at "parity" with their coverage for physical illness; and be it further

RESOLVED: That MSMS seek legislation to ensure that an employer who provides a mental health or substance abuse benefit cannot place a larger financial burden or limitation on an employee for that benefit than the employer does for (other) physical health benefits; and be it further

RESOLVED: That MSMS seek to actively educate its members on the facts and merits of a "parity" policy through Michigan Medicine and other communications, and invite participation in Partners for Parity's grassroots efforts to pass parity legislation; and be it further

RESOLVED: That MSMS support and implement a policy to ensure parity for mental health services in a timely and aggressive fashion.

RESOLUTION 90-99A

John E. Billi, MD, for the Washtenaw County Delegation

Title: Medicaid Reimbursement. Substitute Resolution (in lieu of Resolutions 90-99A and 105-99A) Adopted.

RESOLVED: That MSMS work with the Michigan Department of Community Health and the legislature to increase the current appropriation for the Medicaid program to allow for adequate physician recruitment, member access, and quality patient care delivered as defined by current health standards; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to seek federal legislation that would fund the Medicaid program sufficient to at least cover the cost of care for this population.

RESOLUTION 91-99A

John E. Billi, MD, for the Washtenaw County Delegation

Title: Access to Care for Pediatric Medicaid Patients. NO AC-TION.

RESOLVED: That MSMS seek legislation to ensure that children who are Medicaid recipients not be forced to accept managed care insurance that disrupts established patients of medical care and provides less access for their continued care.

RESOLUTION 92-99A

James C. Greenfield, DO, Huron County

Title:Physician's Liability with Hospital Ethics Committees. REFERRED TO THE BOARD FOR STUDY.

RESOLVED: That MSMS seek legislation to protect physicians against liability, when in the best interest of a patient, they seek out and follow a hospital's ethics committee subjective recommendation regarding a patient's best ethical and medical care.

RESOLUTION 93-99A

Domenic R. Federico, MD, for the Kent County Delegation

Title:Local Control, ADOPTED AS AMENDED.

RESOLVED: That MSMS seek legislation to allow individual municipalities to pass tobacco related ordinances that are more restrictive than state laws to protect their constituents.

RESOLUTION 94-99A

Domenic R. Federico, MD, for the Kent County Delegation

Title: Evaluation of Sexual Dysfunction. DISAPPROVED.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to seek federal legislation to make the work up for sexual dysfunction be a covered service.

RESOLUTION 95-99A

Domenic R. Federico, MD, for the Kent County Delegation

Title: Treatment Education for Viral Upper Respiratory Infection. APPROVED.

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RESOLVED: That MSMS sponsor educational programs to help educate physicians and patients regarding prescribing practices for common viral infections and offer support to county medical societies in their efforts to educate physicians in these matters.

RESOLUTION 96-99A

Domenic R. Federico, MD, for the Kent County Delegation

Title:Coverage of Erectile Dysfunction Medication and Aids. DISAPPROVED.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to seek federal legislation to make appliances and medications for erectile dysfunction covered by insurance policies that have prescription and/or appliance coverage.

RESOLUTION 97-99A

Domenic R. Federico, MD, for the Kent County Delegation

Title: School Health Nurses, DISAPPROVED.

RESOLVED: That MSMS work with local county governments and hospitals to create school programs to help provide prevention services and use this as an opportunity to sponsor preventative health programs.

RESOLUTION 98-99A

Domenic R. Federico, MD, for the Kent County Delegation

Title: Election of Secretary, Assistant Secretary, Treasurer, and Assistant Treasurer, ADOPTED ON FIRST READING.

RESOLVED: That the MSMS Board of Directors shall elect the Secretary, Assistant Secretary, Treasurer and Assistant Treasurer; and be it further

RESOLVED: That the MSMS Constitution and Bylaws be amended to reflect these changes.

RESOLUTION 99-99A

Domenic R. Federico, MD, for the Kent County Delegation

Title:Physicians at Cabinet Level. NO ACTION.

RESOLVED: That MSMS seek legislation to create a cabinet level physician in our state government that is a Surgeon General of Michigan.

RESOLUTION 100-99A

Domenic R. Federico, MD, for the Kent County Delegation

Title: MSMS Dues. NO ACTION.

RESOLVED: That MSMS examine the possibility of holding the annual MSMS House of Delegates meeting at acceptable but less expensive accommodations with less expensive meals and implement this plan as soon as possible; and be it further

RESOLVED: That MSMS examine the possibility of holding other committee and Board meetings at less expensive accommodations with less expensive meals and implement this plan as soon as possible.

RESOLUTION 101-99A

Domenic R. Federico, MD, for the Kent County Delegation

Title: Y2K Readiness. DISAPPROVED.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to issue a report to MSMS and AMA members that outlines Y2K compliance issues, steps physicians should take to be Y2K compliant and AMA resources for physicians.

RESOLUTION 102-99A

Domenic R. Federico, MD, for the Kent County Delegation

Title:Hospital Merger Study. APPROVED.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to conduct a study of actual hospital mergers and issue a report back to MSMS and AMA members.

RESOLUTION 103-99A

Domenic R. Federico, MD, for the Kent County Delegation

Title:Seating of Student Members. NO ACTION.

RESOLVED: That MSMS establish a rule that the at-large student members of the MSMS House of Delegates be seated with delegates of their actual home county.

RESOLUTION 104-99A

Domenic R. Federico, MD, for the Kent County Delegation

Title:Protection of Computerization of Medical Records. AP-PROVED.

RESOLVED: That MSMS seek legislation to protect computerized medical records; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to seek federal legislation to protect computerized medical records.

RESOLUTION 105-99A

Domenic R. Federico, MD, for the Kent County Delegation

Title: Medicaid's Effect on Medical Centers' Survival. Substitute Resolution (in lieu of Resolutions 90-99A and 105-99A) Adopted. See Resolution 90-99A.

RESOLUTION 106-99A

Domenic R. Federico, MD, for the Kent County Delegation

Title: Telemedicine. NO ACTION.

RESOLVED: That MSMS vigorously oppose any legislation introduced regarding telemedicine, with special attention to its effect on physician consults of all kinds; and be it further

RESOLVED: That MSMS vigorously oppose any legislation that endangers or attaches risk to a consulting physician no matter where they reside or what method is used.

RESOLUTION 107-99A

Domenic R. Federico, MD, for the Kent County Delegation

Title: Emergency Care for Abortion Clinic Patients. ADOPTED AS AMENDED.

RESOLVED: That MSMS seek the appropriate means that would require a physician, who performs office based procedures, to provide access to post-operative physician care consistent with appropriate standards of care (practice); and be it further

RESOLVED: That MSMS establish a task force on office-based procedures to study and educate members regarding this growing field.

RESOLUTION 108-99A

Domenic R. Federico, MD, for the Kent County Delegation

Title: AMA Delegate Slotted Seats. Substitute Resolution (in lieu of Resolutions 28-99A, 76-99A, 108-99A and Board Report #9) See Board Action Report #9. ADOPTED ON FIRST READING.

RESOLUTION 109-99A

Domenic R. Federico, MD, for the Kent County Delegation

Title:Reinstatement of George D. Lundberg, MD, at the Journal of American Medical Association (JAMA) and Reform of the Reporting Relationship of the Editor of JAMA. DISAP-PROVED.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to reinstate Doctor Lundberg to his position as AMA editor of JAMA; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to restructure the reporting relationship of the IAMA editor to prevent the arbitrary firing of the editor.

RESOLUTION 110-99A

Domenic R. Federico, MD, for the Kent County Delegation

Title:Practice Management Companies - Now What? Approved.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to do a scientific study of for-profit practice management companies and report findings about successes and problems to MSMS and AMA members.

RESOLUTION 111-99A

Domenic R. Federico, MD, for the Kent County Delegation

Title:Support for School Health Programs. ADOPTED AS AMENDED.

RESOLVED: That MSMS seek legislation to mandate funding for Michigan school based health programs emphasizing preventive health.

RESOLUTION 112-99A

Domenic R. Federico, MD, for the Kent County Delegation

Title: Establish the Position of Director of Public Health. Referred to the Board for Action.

RESOLVED: That MSMS seek legislation to redefine the role of the state of Michigan's chief medical executive as the "surgeon general" in Michigan reporting directly to the governor and responsible for the health promotion of Michigan's population.

RESOLUTION 113-99A

Domenic R. Federico, MD, for the Kent County Delegation

Title:Racism and Sexism in the Practice of Medicine. AP-PROVED.

RESOLVED: That MSMS proactively fight against racism and sexism in our society; and be it further

RESOLVED: That MSMS promote programs that educate physicians on the ways of decreasing racism and sexism in our practices and in our communities.

RESOLUTION 114-99A

Owen M. Berow, MD, Kalamazoo County

Title: Earlier Availability of Reference Committee Reports. RE-FERRED TO THE BOARD FOR STUDY.

RESOLVED: That MSMS make the House of Delegates reference committee reports available to interested parties by posting the reports as soon as they are completed.

RESOLUTION 115-99A

Allen F. Turcke, MD, for the Genesee County Delegation

Title: Use Tobacco Settlement Monies for Medical Care. DIS-APPROVED.

RESOLVED: That MSMS seek legislation to ensure that the tobacco settlement monies be used in the state of Michigan to increase payments for medical care under the state's Medicaid program.

RESOLUTION 116-99A

Allen F. Turcke, MD, for the Genesee County Delegation

Title:Seatbelt Enforcement. ADOPTED AS AMENDED.

RESOLVED: That MSMS support legislation, which would make failure to wear a seatbelt a primary offense in the state of Michigan.

RESOLUTION 117-99A

Allen F. Turcke, MD, for the Genesee County Delegation

Title:Reduced Cost for Retired Doctors' Medical Licenses. DISAPPROVED.

RESOLVED: That MSMS seek legislation to develop a retired category for licensure, which would apply to those physicians who do not practice at all, yet wish to keep a medical license; and be it further

RESOLVED: That the price of the license for retired physicians be reduced 50 percent of the cost of a regular license.

RESOLUTION 118-99A

Allen F. Turcke, MD, for the Genesee County Delegation

Title: Non-Smoking in Restaurants. ADOPTED AS AMENDED.

RESOLVED: That MSMS seek legislation requiring all work places, restaurants, and open bars connected to restaurants in Michigan be non-smoking.

RESOLUTION 119-99A

Ali A. Esfahani, MD, Genesee County

Title:Reduced Continuing Medical Education (CME) Fees for Physicians Over the Age of 65. DISAPPROVED.

RESOLVED: That MSMS encourage planners and sponsors of continuing medical education (CME) programs to charge physicians over the age of 65 the same fees for continuing medical education (CME) programs as those charged to resident physicians.

RESOLUTION 120-99A

Ali A. Esfahani, MD, Genesee County

Title: Medical Staff Officer Compensation. DISAPPROVED.

RESOLVED: That MSMS encourage medical staff officers not to accept hospital compensation for activities pursued as a representative of the hospital medical staff.

RESOLUTION 121-99A

Ali A. Esfahani, MD, Genesee County

Title:Institutional Practice of Medicine. APPROVED.

RESOLVED: That MSMS investigate ways to reduce or eliminate the ability of institutions to practice medicine.

RESOLUTION 122-99A

Ali A. Esfahani, MD, Genesee County

Title: Dues Discount at Age 65. DISAPPROVED.

RESOLVED: That MSMS alter its membership fee schedule for physicians who have achieved the age of 65 and who have been

members of the Michigan State Medical Society of the preceding 10 years to reflect a discount of 50 percent over normal, active dues; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to reduce its dues by 50 percent for members over the age of 65 who have paid their AMA dues for the preceding 10 years.

RESOLUTION 123-99A

Ali A. Esfahani, MD, Genesee County

Title: Ad Hoc Committee on Hospital and Physician Relations. REFERRED TO THE BOARD FOR STUDY.

RESOLVED: That MSMS create an ad hoc committee to solicit and investigate complaints brought by physicians regarding issues of individual independence, decision-making, autonomy and financial hardship imposed upon them by medical institutions, as well as complaints about corporate interference with the practice of medicine; and be it further

RESOLVED: That MSMS encourage county societies to create ad hoc committees on physician hospital relations to address physician grievances.

RESOLUTION 124-99A

Venkat K. Rao, MD, Genesee County

Title:Term Limits for Editor of the Journal for the American Medical Association (JAMA). Referred to the Board for Study.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to limit the editorship of the Journal of the American Medical Association (JAMA) to one renewable five-year term.

RESOLUTION 125-99A

Venkat K. Rao, MD, Genesee County

Title:Pain Management Privileges. REFERRED TO THE BOARD FOR STUDY.

RESOLVED: That MSMS seek legislation that would require hospitals to allow pain management specialists who are board certified or board eligible to participate freely in the hospital setting.

RESOLUTION 126-99A

Allen F. Turcke, MD, for the Genesee County Delegation

Title: Vaginal Birth After Cesarean (VBAC) Safety. ADOPTED AS AMENDED.

RESOLVED: That MSMS establish policy that trials of labor should not be mandated for all women with previous cesarean births.

RESOLUTION 127-99A

Allen F. Turcke, MD, for the Genesee County Delegation

Title:Cesarean Section Rates. APPROVED.

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RESOLVED: That the C-section rate not be proposed as the only measure of quality; and be it further

RESOLVED: That the persistence of a numerical goal for C-section rates only is not in the best interest of the mother and baby.

RESOLUTION 128-99A

Venkat K. Rao, MD, Genesee County

Title: Allocate One Third of MSMS House of Delegates Seats to Specialty Societies and Special Sections. NO ACTION.

RESOLVED: That MSMS allocate one-third of its House of Delegates seats to specialty societies and special sections; and be it further

RESOLVED: That each MSMS delegate be allowed to choose his or her designation as a representative from a specialty society, special section, or county medical society.

RESOLUTION 129-99A

Venkat K. Rao, MD, Genesee County

Title: Eligibility of AMA Special Sections to Have Proportional Representation in the AMA House of Delegates. NO AC-TION.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to include the AMA special sections as an option in designating a delegate's representation.

RESOLUTION 130-99A

Mark R. Shebuski, MD, Houghton-Baraga-Keweenaw Counties, for Rudy W. Stefancik, MD

Title:Use of Lasers as a Surgical Tool for Non-Physicians. ADOPTED AS AMENDED.

RESOLVED: That MSMS seek an immediate ruling from the Michigan Department of Consumer and Industry Services regarding the surgical use of lasers; and be it further

RESOLVED: That MSMS seek any scope of practice legislation deemed necessary to protect the public health regarding the surgical use of lasers.

RESOLUTION 131-99A

Mark R. Shebuski, MD, Houghton-Baraga-Keweenaw Counties, for Rudy W. Stefancik, MD

Title:Deputy Medical Examiner from Neighboring Counties. NO ACTION.

RESOLVED: That MSMS seek legislation to allow county medical examiners to appoint, with the standard county board approval, deputy medical examiners who live in an adjoining county.

RESOLUTION 132-99A

Mary Elizabeth Roth, MD, Oakland County

Title:Ethical Guidelines for Physicians. ADOPTED AS AMENDED.

RESOLVED: That MSMS encourage all physicians to assume responsibility for disclosure to their patients and their families possible conflict of interest from the source of payment to the physician, incentive or reimbursement for services rendered in their care; and be it further

RESOLVED: That MSMS encourage physicians to disclose to their patients bias in clinical decision-making imposed by a hospital, insurance product, corporation, practice group or other financial entity that may pressure a physician to alter his or her recommendations and to disclose personal financial incentive/ advantage the physician has in using services from which he or she may accrue fees for profit.

RESOLUTION 133-99A

Steven E. Newman, MD, Oakland County, for Peter A. Duhamel, MD, Immediate Past President

Title: Joint Commission Credentialing Standard. APPROVED.

RESOLVED: That the Michigan Delegation to the AMA request that the AMA convey to the Joint Commission on Health Care Organizations (JCAHO) that "currently pending challenges," as referenced in MS.5.5.1, are without standing and must not be considered when reviewing the credentials of a medical staff member.

RESOLUTION 134-99A

William H. McNamara, MD, for the North Central Counties Delegation

Title:Creation of Ogemaw/Oscoda County Medical Society. ADOPTED AS AMENDED.

RESOLVED: That the MSMS House of Delegates approve the creation of a new Ogemaw/Oscoda County Medical Society.

RESOLUTION 135-99A

Peter T. Muller, MD, for the Oakland County Delegation

Title: Connections with the Citizens for Compassionate Care. ADOPTED AS AMENDED.

RESOLVED: That MSMS sever existing ties with the Citizens for Compassionate Care when current activities are ended, or within six months, and that severing ties with the Citizens for Compassionate Care not be construed to mean that future affiliation could not occur on similar activities of mutual interest under the banner of MSMS.

RESOLUTION 136-99A

David E. Randolph, MD, Midland County, for John L. Pfenninger, MD

Title:Reimbursement of Reasonable and Customary Fees. NOT ACCEPTED AS A LATE RESOLUTION.

John R. Addy, MD, (center), makes a point of clarity during resolution discussion for Reference Committee F-Scientific and Educational Affairs. Conchita D. Repari, MD, (left), Reference Committee Chair and Bruce G. Deckinga, MD, (right) listen intently.



Peter Watson, MD, (center), former AMA Student delegate, discusses pertinent details of reference committee debate with a group of other students.

Gregory L. Walker, MD, (center) Chair, monitors discussion during testimony for Reference Committee E-Public Health. Robert C. Richard, MD, (left) and Douglas M. Jackson, MD, (right) listen closely.



Lee R. Begrow, DO, delegate from Kent County engages in resolution discussion as Joseph A. Arena Jr., MD, and Willard S. Stawski, MD, wait to speak in Reference Committee C-Internal Affairs.

RESOLUTION 137-99A

Allen F. Turcke, MD, for the Genesee County Delegation

Title:Managed Care Insurance Form. NOT ACCEPTED AS A LATE RESOLUTION.

RESOLUTION 138-99A

Ali A. Esfahani, MD, Genesee County

Title: Support the Campbell/Convers Sponsored Quality Health Care Coalition Act of 1999. APPROVED.

RESOLVED: That MSMS aggressively pursue passage of the "Quality Health Care Coalition Act of 1999;" and be it further

RESOLVED: That MSMS encourage all county medical societies in Michigan to "pull out all the stops" to take action to force and gain congressional support of the "Quality Health Care Coalition Act of 1999."

RESOLUTION 139-99A

Allen F. Turcke, MD, Genesee County

Title:Insurance for Domestic Partners. NOT ACCEPTED AS A LATE RESOLUTION.

RESOLUTION 140-99A

Firooz Banooni, MD, Wayne County

Title:Support Funding for the Detroit Medical Center. ADOPTED AS AMENDED.

RESOLVED: That MSMS continue its efforts to increase state funding for Medicaid program.

Election Results

Delegates Appoint Colleagues to MSMS Leadership Positions

The 1999 House of Delegates elected the following MSMS officers and directors, as well as delegates and alternates to the American Medical Association.

Officers (to the 2000 House of Delegates)

President Krishna K. Sawhney, MD, Wayne President-elect Billy Ben Baumann, MD, Oakland Immediate Past President Cathy O. Blight, MD, Genesee Thomas R. Berglund, MD, Kalamazoo Secretary Assistant Secretary Thomas C. Payne, MD, Ingham Treasurer AppaRao Mukkamala, MD, Genesee Assistant Treasurer Earl G. Moehn, MD. Macomb Speaker Dorothy M. Kahkonen, MD, Wayne Vice Speaker Paul O. Farr, MD, Kent

District Directors (to the 2002 House of Dologatos)

Delegates)	
District #1	Hassan Amirikia, MD, Wayne
	Lourdes V. Andaya, MD, Wayne
	E. C. (Chris) Bush, MD, Wayne
	Joseph J. Weiss, MD, Wayne
District #5	Gregory J. Forzley, MD, Kent
District #6	Edwin H. Gullekson, MD, Genesee
District #7	Homeira M. McDonald, MD, St. Clair
District #8	T. Anthony Egleston, MD, Saginaw
District #10	Devendra K. Sharma, MD, Iosco-Arenac
District #12	Jaak M. Pahn, MD, Chippewa-Mackinaw
District #14	Rudi Ansbacher, MD, Washtenaw
District #15	Mark D. Kolins, MD, Oakland
	Peggyann Nowak, MD, Oakland



Billy Ben Baumann, MD, MSMS President-elect, will be MSMS' 136th president.

Delegates to the American Medical Association (to the 2001 House of Delegates)

Peter A. Duhamel, MD, Oakland Cecil R. Jonas, MD, Wayne Thomas C. Payne, MD, Ingham Rhoda M. Powsner, MD, Washtenaw Krishna K. Sawhney, MD, Wayne Willard S. Stawski, MD, Kent B. David Wilson, MD, Kalamazoo

Alternate Delegates to the American Medical Association (to the 2001 House of Delegates – in order of seniority)

Carl F. Hammerstrom, MD, Marquette AppaRao Mukkamala, MD, Genesee Alan M. Mindlin, MD, Oakland Hassan Amirikia, MD, Wayne Tama D. Abel, MD, Washtenaw Lourdes V. Andaya, MD, Wayne



Krishna K. Sawhney, MD, (left) takes office as the 135th MSMS President. Cathy O. Blight, MD, (right) Immediate Past President, congratulates Doctor Sawhney after his inaugural address.

Krishna K. Sawhney, MD

President, Michigan State Medical Society

I am here today to tell you, to assure you, Chicken Little got it wrong. The sky is not falling. Medicine is not going to hell in a hand-basket. The golden age is not over.

This is still a profession you want your sons and daughters to enter. The good old days are far from gone. The sky is not falling. I know. I have seen the sky fall and it looked nothing like medicine today.

Nothing like August 14, 1947. The day when I was a young boy growing up in India and the British Empire, thousands of miles away, drew up the Act of Partition, dividing up the country. Resulting in reshuffling people, as casually as you'd reshuffle cards. Resulting in brothers fighting against brothers, race riots, losses of homes and property, destruction of careers.

My father was moved from a high-level government office to a low-level customs officer. It was a time of starting over and rebuilding for the Sawhney family.

My father did rebuild, and he's still building today, at age 87, with his own consulting business in Delhi.

What he and my mother taught me is that when the Chicken Littles of this world tell you the sky is falling make 'em show you the hole. Show you the cave-in.

Why? Because as far as I am concerned, there has never been a better time to be practicing medicine. At the turn of the century life expectancy in the United States was about age 50. Today, at the threshold of the next century, the fastest growing segment of our population is the truly old—those 85 and over.

Pretty soon Willard Scott on the Today Show will need the whole morning for saluting those 100-year birthdays.

Only 30 years ago, operating on 90-year-old patients for bypass or cleaning out carotid arteries was unthinkable. Today, it is not only thinkable; it is being done hundreds of times each day throughout this country.

I'm not looking through rose-colored glasses. And, I know. Some days it feels as if our world is falling in. Never have the pressures of insurers and third-party payers been greater.

Pushing us to do more with less. Never have government

bureaucracies flooded our offices with so much paperwork.

Drowning in Medicaid and Medicare

forms. All telling you that you don't know how to do it. How to count, how to code.

But, I am telling you—you do. Because you are the best. It's what I heard AMA President Nancy Dickey said at the Leadership Conference last month: You graduated first in your class. Don't let yourself be dictated to by those who came in second—the bureaucrats of government and bloated for-profit corporations. Yes, they can cut your reimbursement, yes, they can add another form to fill out.

But, they can not take away your savvy, your knowledge, and your wisdom. Your pride in being a physician, your accomplishments on behalf of your patients. The honor of being called "doctor." Our responsibility today is to our patients and to our profession.

To protect and preserve the medical family, as my father did for the Sawhney family. And, I am telling you, you don't have to do it alone. MSMS, AMA, your county, your specialty—all are there, standing watch-guard for you, standing up with you.

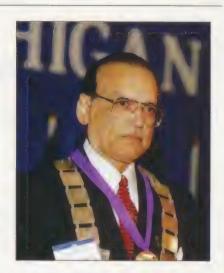
But, you must help. Organized medicine cannot do it alone. We must take charge of our profession together. You know the story. I take one stick—and it snaps. We bundle together like a family —and no one can break us.

Others are poised to take charge of defining medical quality and dispensing medical information. We must not let them.

When they control the data, they hold the power. Power that they use in punitive ways accompanied by punishment. Punishment like the one threatening Detroit physicians working with a major Michigan insurer that says it will drop from its panels all who are not board certified under the guise of "quality."

Some of these physicians have been with this plan for more than 20 years and their quality of care has never been questioned before.

Or punishment based on only half a picture. Like hospitals making decisions based on a small amount of data, judging the physician's competence by looking at only a part of his or her practice profile.





Doctor Sawhney's family traveled from India to be present at his inauguration!

And then there is HCFA. A punishment in and of itself. Handing out 10,000 pages of rules and regulations, expecting physicians to read the minds of those who wrote those convoluted regulations. And, worst of all, attempting to turn our elderly patients against us. Threatening us with fines and jail terms. This is not medicine, it is madness. It must stop.

And stopping the madness is just what MSMS is all about. It's about taking a look at the threat to drop those Detroit physicians who are not board certified. Sitting down to reason with that insurer, to get it to change its policy. But, if reason fails, perhaps resorting to the courts with a class action suit, if necessary. It's about talking with Michigan hospitals and telling them that when they develop practice guidelines, they need the help—the input—of the local physicians who will be working within those guidelines.

Now, for HCFA, it's going to take a bit more. It's going to take the weight not only of MSMS, but also the AMA and specialty societies. It's going to take all of us working together, to restore some sense and sanity to our current health care system.

The bottom line is this; we must reclaim our practice of medicine. Reclaiming it with tools like our new Institute of Informatics where we can help member physicians develop their own practice profiles. So that when a third-party payer, or the government, or the employer in direct contract, asks for data that show your quality of care, your length of stay, your cost effectiveness, you can do it.

MSMS' Michigan Institute for Medical Quality is our data initiative charged with teaching you about the best practices, providing you with programs on continuous quality improvement, the newest guidelines in disease management, pharmaceuticals and their cost effectiveness.

Our new Medical Advantage Group (MAG) is set up to help member physicians and IPAs and PHOs. To make you the best. From computers and Y2K. to credentialing and office reviews. It's about the many programs and policies that make MSMS vital to the success of Michigan physicians. Most of all, it's about you. It's about assigning (800) 352-1351 the number one spot on your

speed dial. Or designating www.msms.org in your computer's Web page bookmarks.

When you have a practice problem, call MSMS.

When you have a coding question, call MSMS;

When you need CME, call MSMS.

When you have a payment problem . . .

When you need a shoulder to cry on . . .

When you want your contract reviewed . . .

When you feel like being charitable . . .

When you want Michigan-Michigan State tickets...well, you're on your own.

You know, I began my remarks by talking about Chicken Little and how wrong he was in his perception that the sky was falling. I really don't blame Chicken Little because I think he was the victim of bad company. All those around him fell in and helped spread the chaos. Rather than what good friends and family do when someone is in crisis. They give you a reality check.

I want you to meet my reality check. The family who has been so generous in their love and support which has allowed me to contribute to organized medicine. My family, right here in front of me. Pamela, Sabrina, Alka and Raja.

Manju. Mother. Please join me in showing my apprecia-

We are family. And we are family. Let's protect and preserve all of our families.

Thank you.

Cathy O. Blight, MD

MSMS Immediate Past President

66 All the world's a stage, and men and women A merely players." Who among us hasn't heard these familiar lines from Shakespeare?

Many have likened the activities of our Michigan State Medical Society to such a grand drama on a grand stage.

But unlike a stage play, where the same lines are recited night after night, and where, unless a contract runs out, the same actors play the same roles again and again, I think our activities have a more contemporary flavor, more like a soap

That's not meant to be pejorative, because those actors and actresses get their scripts in the evening and are expected to be ready to go on camera the next morning; where characters arrive and leave, where plots and subplots intertwine, some playing out this week, some next.

So let's take our remote control, rewind, then fast forward through this past year in "The Days of the Michigan State Medical Society".

The year started with a ride in a Pink Cadillac. We cruised through the summer, stopping at many state specialty society and other medical organization meetings, listening to their activities, sharing ours, always being received with respect, if not outright warmth, because of the high esteem in which our MSMS is held.

But as the summer sailed by, clouds were gathering on the horizon, the cloud, of Proposal B.

So we parked our Pink Cadillac and took out our walking shoes as we crisscrossed the state to share the concerns of our Board and our membership on this issue.

The issue itself, physician-assisted suicide, is still one that engenders much debate, but Proposal B was not about the issue, but the bureaucracy surrounding the issue.

When asked to read, understand, then explain its shortcomings to family, friends, and patients, you answered the call with gusto.

One has only to look at the polls, initially 50-50, to the final 70-30 vote against to gauge the success of your actions.

But lest we lose sight of the issue, and the momentum generated, an End-of-Life Task Force has been created to help the Medical Society, its members, and our patients know and understand all the options available at end-of-life, to make Michigan the state experiment in "physician-assisted living."

Besides Proposal B, the fall saw tireless work by you securing the successful election of our two Supreme Court candidates, Cliff Taylor and Maura Corrigan.

A record 64 new legislators are now in Lansing, many with the help and support of you, our members.

We hit an all-time high in the number of attendees at our new lawmakers' reception in January, a testimony to the attention they seem to pay to our issues and the good will our members generated.

Subplots soon grabbed the camera's attention, as rumor reached us that BCBSM planned another year with no increase in physician fees.

Through hard work by your leadership and the relaying of our concerns to other BCBSM Board members by John MacKeigan and Kris Sawhney, our representatives on the BCBSM Board, a small increase was achieved.

But more important, groundwork was laid on how to constructively handle issues in the future and how to partner for everyone's benefit.

Now the camera has shifted to the Michigan Department of Community Health and the Medicaid Budget.

The Governor and his staff know that this is not a "whining" physician pocketbook issue, but a serious concern about access and quality.

And the issues go on and the camera continues to roll.

As interesting and exciting as the issues were, this past year has been shaped by all the people I have met and worked with on those issues.

Alan Mindlin and Mike Sandler, among others, brought Proposal B to the Board for active consideration.

Tom George and Ken Edwards and physicians like them, worked hard on the west side of the state, as did Joe Weiss and others in Wayne County.

The Alliance gave me tremendous support and more than once it was the friendly face of Sue Ann Addy or Lila Esfahani who helped me through another nerve-wracking press conference.

The End-of-Life Task Force readily accepted the challenge of developing an activist plan for our medical society to explore and deal with end-oflife issues. Physicians like Howard Brody and

Iim Waun are providing the "ethical" input, while people like Dennis Dobritt and Karen Ogle are adding their expertise on pain management and people like John Finn on hospice care.

An exciting fact is that two physicians joined MSMS just so they could serve on this Task Force—a sure sign we are doing something right.

Peter Watson, an almost Wayne State alumni, like other medical students in past years, has mobilized and energized not only our medical students, but those from neighboring states—hosting a regional meeting here in Michigan this past fall.

The future leaders of medicine experienced the enthusiasm we have for our students and how we help them become effective advocates for the next century.

Physicians like Jaak Pahn and Rudy Stefancik from the Upper Peninsula constantly urge us to find new and innovative ways to keep us "trolls" connected to those in the U.P., maintaining involvement and listening to and acting upon their concerns.

Our OMSS celebrated its 15th anniversary this spring, and its leadership, past and present, reads like a "who's who" of MSMS leadership.

The philosophy, as well as the name, has shifted to recognize and accommodate the variety of ways in which physicians interact with each other and their health care organizations.

A result of the strength and concerns of the OMSS, and the hard work of Dorothy Kakhonen, Gil Bluhm, and Kris Sawhney (among others), has been a renewed and revitalized working relationship with the Henry Ford Health System.

Each group supporting the other and adding a needed voice in common concerns about our patients and their health care.



Doctor Blight reflects on her year in office and challenges physicians to move forward. "The challenge will be to continue the vitality and enthusiasm, not to rest on our achievements, but always be questioning—What else is there to do?"

There were also our community service awardees, working in their communities for the good of their profession.

In Washtenaw, Jerry Walden founded the Packard Clinic, providing medical care to anyone who walked through the

James Dehlin from Gladstone gave of himself to the athletes of his community, doing their physical exams.

Adoracion Palacio-Chung from Macomb County is not only a Gulf War Veteran, but spends tireless hours on medical missions to the Philippines.

And W. Richard Harris of Muskegon, a physician who is characterized as the man silently behind the scenes working on many of the philanthropic ventures in that community.

And the list goes on. Hundreds of you serve on scores of MSMS and county medical society committees, write letters, make phone calls-all on behalf of your profession and your patients.

Too many of you to name are completing the circle of involvement.

Also, last year I asked you to encourage your colleagues to join in our endeavors, to become members of this medical society. And you responded.

Our membership now stands at 14,750 and is growing.

Besides the new blood and new ideas these members will bring, the additional dues dollars will allow us to have a strong infrastructure of excellent staff and facilities to support the efforts of our physician volunteers.

As you can see, we are vital, we are energetic, we are patient and profession oriented and we'll carry that tradition into the next millennium.

The challenge will be to continue the vitality and enthusiasm, not to rest on our achievements, but always be questioning-what else is there to do, where do we need to be, what do our patients and this profession need now?

But now it is time for this character to leave the drama, close the door, to walk off the set, hopefully for another drama in another studio.

But before I do, as my parting soliloguy, I would like to share with you two thoughts—not my own, written by others more eloquent-which have guided me not only this past year, but in all my years, a philosophy of life I have carried on this journey.

In 1926, the great Republican, Teddy Roosevelt wrote, "It is not the critic who counts, not the man who points out how the strong man stumbles, or where the doer of deeds could have done better.

The credit belongs to the man who is actually in the arena; whose face is marred by dust and sweat and blood, who strives valiantly; who errs and comes up short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows the great enthusiasm, the great devotions; who spends himself in a worthy cause; who at the best, knows in the end the triumph of high achievement; and who, at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who know neither victory or defeat.

The second is a small poem by Mary Rodgers, daughter of the great lyricist Richard Rodgers. It goes:

A song isn't sung 'til you sing it, A bell isn't rung 'til you ring it And the love in your heart wasn't put there to stay, Love isn't love 'til you give it away.

If you continue to go forward, daring greatly with a love for your patients, your profession, your family, this medical society, this profession will have nothing to fear.

And now, as the camera winds down and the scene fades, I say to you, with love, thanks for the memories.

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Speaker's Report

House of Delegates Final Update on 1998 Resolutions

Dorothy M. Kahkonen, MD, Speaker Paul O. Farr, MD, Vice Speaker

RESOLUTION

1-98A Title: Objective Outside Accreditation of Mental Health Programs. Adopted as Amended.

This resolution asked that MSMS work with the Michigan Legislature to amend the Mental Health Code to require adherence to national standards of certification for community mental health service programs.

The MSMS Mental Health Liaison Committee discussed this resolution with the officials of the Michigan Department of Community Health at its May 1998 meeting. Bill Allen, CEO, Mental Health Agency, MDCH, stated that the Department would very much like to go in that direction and that most of the local Community Mental Health agencies currently are receiving their accreditation through a national organization.

Title: Separate Directory Listings for Physicians. Adopted.

This resolution asked that MSMS maintain a directory that does not have separate listings of doctors by gender, race, religious or ethnic backgrounds.

The next issue (August 1999) of the MSMS Roster of Members will be reformatted, and will not include separate listings, per the resolution. Planning meetings begin in January in preparation for summer Roster production.

Title: American Medical Accreditation Program (AMAP) Procedure Manuals. Adopted as Amended.

This resolution asked the Michigan Delegation to ask the AMA to create model office procedure manuals to satisfy AMAP accreditation requirements, and to provide a member benefit by putting the manuals on the "members only" portion of the AMA website, or by making them available in hard copy

The Michigan Delegation introduced this resolution at the June 1998 AMA Annual Meeting, where it was referred to the Board with a request from the reference committee that members consolidate the many existing AMAP procedure materials for easier use.

Title: Documentation Guidelines. Approved.

This resolution asked that the Michigan Delegation to the AMA asked the AMA to create templates for satisfying the new evaluation and management coding guidelines and that the Michigan Delegation to the AMA ask the AMA to create a sample compliance manual and that the Michigan Delegation to the AMA ask the AMA to put these documents on the "members only" portion of the AMA Website, so they may be downloaded as a member service.

This resolution was submitted to the AMA at the June 1998 meeting. It was discussed in conjunction with many other resolutions related to E & M coding. The AMA House of Delegates adopted a substitute resolution, which dealt with the overall strategy of how to address physician concerns about HCFA policy. Although the specific request for templates and a compliance manual was not included in the substitute resolution, it did include a recommendation to work with national specialty societies and state medical societies to develop documentation tools to assist members in implementing the guidelines, and to use to "members only" section of the web to distribute these tools. The AMA House of Delegates voted at the 1998 Interim Meeting to demand from HCFA major changes in Medicare payment reviews and to required well-designed pilot tests of any new E&M guidelines. They also instructed the AMA Board of Trustees to continue technical assistance to HCFA through the CPT editorial panel to produce simpler, patient-centered, clinically relevant and non-intrusive guidelines. These and other resolutions concerning the E&M documentation problem will be a major AMA initiative in 1999.

Title: Specialty Societies. Adopted as Amended.

This resolution asked that the AMA treat a specialty society or membership

section as the lead organization for review and recommendations when legislation is being considered that primarily affects that single specialty or section. It further directs the resulting reports to be written by the AMA with the specialty or section, and for specialty societies and sections to partner with the AMA to implement jointly developed positions with a coordinated strategy for approaching

The Michigan Delegation introduced this resolution at the 1998 AMA Annual Meeting in June, where it was referred to the Federation Coordination Team, which is working out strategies to achieve conflict resolution, enhance participation and advance advocacy and policy agendas with a unified voice for organized medicine.

Title: Utilization of Medical Savings Accounts. Adopted as Amended.

This resolution called for MSMS to educate its members regarding the features of medical savings accounts.

MSMS through its sponsored health insurance programs has actively discussed the concept of this type of coverage and products currently available to physicians, their families and employees throughout the year. Due to these efforts several physicians have purchased MSAs through the MSMS program. MSMS will continue discussing medical savings accounts with physicians and actively promoting them for both their health and dental needs.

Title: Physician Negotiation and Bargaining Skills. Adopted as

The resolution asked that MSMS establish programs on negotiation and bargaining skills, and to widely disseminate information pertaining to the negotiating process.

Two day-long conferences scheduled in spring, 1999 - April 28 in Grand Rapids and May 12 in Dearborn - will feature a prominent expert in the subject of health care negotiations: Leonard Marcus, Ph.D., founder of the Center for Healthcare Negotiation and Conflict Resolution at the Harvard School of Public Health. MSMS also has provided resources for physicians in the contracting and bargaining process. The MSMS Managed Care Contracting Checklist was released this year, and was the subject of several fall and winter seminars. A second contracting checklist - about employment contracts - will be the subject of additional educational programs. Finally, MSMS cooperated with the AMA and several national specialty societies on the Physician Practice Merger Case Study Analysis. This analysis offers valuable information for physicians negotiating a merger or whose practices are being acquired by other entities.

Title: Restrictions on Mental Health Coverage. Approved.

This resolution asked that MSMS work with insurance companies, the Michigan insurance commissioner and other appropriate agencies to improve insurance coverage for mental health disorders. Under Michigan law, insurance companies and employers may discriminate against people with mental illness or addictive diseases. Insurance may not cover these disorders at all, or may only provide limited coverage, compared to coverage for medical/surgical disorders.

MSMS is a member of Partners for Parity, a coalition of more than 60 health care organizations, working to pass mental health parity legislation. As proposed in Michigan, legislation would require health plans to cover mental health and substance abuse at the level that they cover other physical medical services. In the 1997-98 legislative session, five bills were introduced into the House of Representatives. Each bill had a principle sponsor and several cosponsors. A hearing was held on these bills in the House Insurance Committee. In the 1999 session, MSMS is working with the Partners for Parity Coalition and the Michigan Partners for Patient Advocacy (MPPA) to seek reintroduction and passage of mental health parity legislation.



Dorothy M. Kahkonen, MD, MSMS speaker presides over the House of Delegates resolution discussion.

9-98A Title: Definition of Age Groups. No Action.

10-98ATitle: Pharmacy Substitution of Generic Drugs. Adopted as Amended. This resolution asked the AMA to reaffirm policy calling for complete explanatory information on prescription labels, and to request the Food and Drug Administration to require a pharmacy, when it changes between trademark drugs and generics or between generics, to note that fact on the prescription label so the patient can so inform the physician if problems arise.

The Michigan Delegation introduced this resolution at the 1998 Interim Meeting of the AMA House of Delegates, where the delegates referred it to the AMA Board. The AMA Section on Specialty Societies testified in favor, and the FDA against it, saving it was unnecessary because the potency of the generics is the same as that of the trademarks. Most importantly, the reference committee noted that the intention of the resolution is negated because state boards of pharmacy, not the FDA, regulate pharmacy practice.

11-98A Title: MSMS Teleconferencing. Adopted as Amended.

This resolution asked that MSMS expand the use of teleconferencing for committee meetings.

In 1998 and 1999, MSMS offered several seminars on fraud and abuse, evaluation and management documentation, and contracting, via teleconference. The same facilities used for our seminars are available for committee meetings, albeit at significant costs. To reduce the costs associated with rental of facilities and expand our technological capability, the MSMS Task Force on Physician Education and Leadership is developing a proposal to add the necessary teleconferencing technology to the MSMS headquarters. The Task Force is now reviewing detailed plans for a teleconference center and will make a final recommendation in July, 1999.

12-98A Title: Collaborative Efforts with County Medical Societies. Substitute Resolution (in lieu of Resolutions 12-98A and 13-98A). Adopted as Amended.

This resolution asked MSMS to purse administrative, legislative and operational collaborative efforts with county medical societies throughout the state when appropriate and that MSMS promote the benefits of regionalization for organized medicine in Michigan.

Since the last meeting of the MSMS House of Delegates in May, 1998, the state and county societies have worked closely on a variety of projects. MSMS has offered staffing services for several non-staffed counties. Currently, Grand Traverse-Benzie-Leelanau County Medical Society has its county meetings set up by MSMS staff. Several other smaller counties are considering the service. MSMS staff now does a portion of the financial accounting for Wayne County Medical Society and in February 1999, will begin accounting services for Oakland County Medical Society. Updated computerization of counties by MSMS, particularly Wayne and Oakland, is underway. The 1998 annual meeting of county medical society executives and MSMS staff indicated a continued strong interest in tighter computerized ties between the counties and state society. In November, more than two dozen county society officers and executives met at MSMS to begin the strategic planning process on the county level. Grassroots political participation also has been strengthened with a sharp increase in county societies participating in candidate interviews, fundraisers, campaign efforts and legislative contacts.

13-98A Title: Greater Collaboration with MSMS. Substitute Resolution (in lieu of Resolution 12-98A and 13-98A). Adopted as Amended. See Resolution 12-98A.

14-98A Title: Contract and Legal Advocacy at MSMS. No Action.

Title: Patient Rights During Health Plan Sales. Approved.

This resolution asked the AMA to take whatever steps are necessary to ensure that when health plans' sales of "covered lives" take place, the patient will have the right to opt out of the new plan without any penalties.

The Michigan Delegation introduced this resolution at the 1998 AMA Annual Meeting in June, where a substitute was adopted in its place. The substitute reaffirms policy advocating that all health plans or sponsors of plans that restrict a patient's choice of physicians or hospitals be required to offer, at the time of enrollment and at least for a continuous one-month period annually thereafter, an optional and affordable point of service type

feature. The substitute also calls for the health plan emerging from a "sale of covered lives" to be required to abide by the original health plan contract with the patient, especially those contract provisions that address health benefits coverage and access to physicians.

16-98A Title: Board Certification and Discrimination. Approved.

This resolution asked MSMS to reaffirm and communicate its policy opposing discrimination against physicians based solely on criteria of board certification, and that MSMS collect information from members who have been discriminated against and take whatever steps necessary to stop this practice.

MSMS expressed its strong opposition to any policy that would base participation solely on board certification in meetings with BCBSM leadership.

In addition, a meeting has been arranged with Henry Ford Health System leadership, (which has the same concerns as MSMS), and BCBSM leadership to discuss this important matter further. If the board certification matter cannot be resolved in discussions, legislation will be sought.

This resolution also asked that the Michigan Delegation to the AMA ask the AMA to reaffirm and communicate its policy opposed to discrimination against its member physicians based solely on criteria of board certification and that the Michigan Delegation to the AMA ask the AMA to collection formation from members so discriminated against and to take whatever steps necessary to stop this practice.

The Michigan Delegation submitted the third and fourth resolved to the AMA House of Delegates at the 1998 Annual Meeting. The resolution was amended and passed. It was only modified to specifically cite American Board of Medical Specialties board certification processes.

17-98A Title: Continuity of Care. Adopted as Amended.

This resolution called on the AMA to take appropriate steps to maintain an established doctor-patient relationship through use of mandatory point-of-service options in the event of a change in health insurance.

The Michigan Delegation introduced this resolution at the 1998 AMA Annual Meeting, where it was combined with Michigan resolution #15-98A entitled, "Patients' Rights During Health Plan Sales." A substitute was adopted (please see #15-98A).

18-98A Title: Concealed Guns Legislation. Approved.

This resolution asked that MSMS strongly oppose the concealed guns legislation, House Bill 5551, and to work closely with the Partnership to Prevent Gun Violence and other opposing organizations to defeat HB 5551 and/or any other similar legislation that may be introduced.

MSMS has worked closely with the Partnership to Prevent Gun Violence and other opposing organizations in order to defeat HB 5551 and other similar legislation. Following the House of Delegates meeting, a grassroots alert was faxed to members of the Physician Legislative Network, asking them to express their opposition to the bill. Physicians responded in significant numbers. While the bill was reported out of the House Oversight and Ethic Committee, it has not passed the House of Representatives. This legislation did not pass in 1998. In February, 1999, Representative Mike Green (R-Mayville), made his intentions known that he plans an effort to significantly change Michigan's concealed weapons law. Specifically, Representative Green's legislation will make it significantly easier for a person to obtain a concealed weapons permit. MSMS will work with other organizations to actively oppose this legislation. It is also important to note that the letter sent by MSMS President, Cathy O. Blight, MD, expressing strong opposition to the bill was well received by Michigan lawmakers and clearly did make a difference.

19-98A Title: Chemical Analysis Reports of Public and Commercial Water. Adopted as Amended.

This resolution called on the AMA to request that the appropriate federal agency requires that commercially bottled water, as well as water supplies of towns and cities, be analyzed and the public notified of its chemical content.

The Michigan Delegation introduced this resolution at the 1998 Interim Meeting of the AMA in December, where it was adopted as amended. The final version called for analysis and appropriate labeling, rather than "public notice" of the contents of bottled water.

This resolution also asked that MSMS request the appropriate federal agency to require not only water supplies of towns and cities, but also commercially bottled water, be analyzed and both follow the same rules and regulations as municipal water.

MSMS is working with the Michigan Department of Environmental Quality Environmental Assistance Division (EAD) to set aside funds that will be used for administration, technical assistance to small system, source water protection, operator certification, capacity development, wellhead protection and water source assessments. This will require water supplies to construct eligible waterworks projects necessary to met Safe Drinking Water Act requirements. MSMS will continue to work with EAD to ensure all commercial bottled water supplies meet the same regulations as public water.

20-98A Title: Dispense as Written (DAW) Prescriptions. Adopted as Amended.

This resolution asked that MSMS discuss the DAW (dispense as written) issue with the Michigan Pharmacy Board and that MSMS ask the Michigan Pharmacy Board to sanction pharmacist who violate this act.

MSMS has had conversations with Tom Lindsay, Director, Office of Health Services, Michigan Bureau of Occupational and Professional Regulations, in regard to this issue. Specifically, in one case, a conversation with MSMS resulted in the investigation of a pharmacist. While MSMS will continue to work with the Michigan Board of Pharmacy and the Michigan Pharmacists Association regarding this issue, it is important that MSMS members notify MSMS whenever there is a problem, so that immediate action may be taken. It is clear that the state of Michigan is enforcing the Dispense as Written law when informed of a violation. In addition, MSMS leadership met with leadership of the Michigan Pharmacists Association (MPA) to express concerns with the apparent increase in situations of pharmacists ignoring DAW on prescriptions. MPA leadership stated their agreement that those individuals ignoring DAW should be dealt with appropriately by the Michigan Board of Pharmacy. Also, MPA leaders encouraged MSMS to remind members that "DAW" must be written in the physician's own handwriting according to state law.

21-98A Title: Update Michigan's Medicaid Payments to All Physicians. Referred to the Board for Study.

The Board made the following recommendation for consideration by the 1999 House of Delegates.

RECOMMENDATION: That MSMS consult with its legal counsel about the feasibility of a lawsuit against all agencies who discriminately fund the aforementioned corporations at the expense of the private practices, and proceed with such suit if feasible or appropriate.

This resolution asked that MSMS and the AMA consult with legal counsel about feasibility of a class action lawsuit against all agencies who discriminately fund aforementioned corporations at the expense of private practices and proceed with such suit if feasible or appropriate.

MSMS Medicaid Liaison Committee discussed its concern that the resolution was narrowly focusing on private practicing physicians and that physicians in the public sector servicing Medicaid patients are in a similar situation, with reimbursement not covering their overhead cost and the cost of care. Committee members agreed that reimbursement from Medicaid should be at an adequate level to cover the cost of providing care to Medicaid recipients as established under RBRVS. Upon receiving the recommendation of the Medicaid Liaison Committee, the MSMS Board of Directors was informed that MSMS legal counsel, Richard D. Weber, has investigated the feasibility of filing a lawsuit as explained by the resolution and has concluded that it is not feasible. Many of the grants received by agencies are private grants, the grantors of which have the right to issue grants to whomever they wish. There is no legal basis to deny an entity the right to dispense a grant to an agency for the reason expressed in this resolution. There are other factors that prohibit the feasibility of such a lawsuit. However, the Committee acknowledges the concern that private physicians would have in regard to non-profit entities competing against them using public and grant funds. While MSMS legal counsel has expressed his belief that the type of lawsuit asked for in this resolution is not feasible; he is conducting preliminary research and analysis relative to Medicaid reimbursement and timeliness of payment issues. [See HOD Resolution 41-98A] In January 1999, the MSMS Board of Directors appointed a Task Force to work with legal counsel and make a recommendation whether or not MSMS should pursue a lawsuit. The Task Force on Medicaid Access met on February 24, 1999, to discuss the details of a potential lawsuit regarding Medicaid Access and timely payment. The Task Force continues to implement this process developed at that February meeting.

Title: Health Education Classes for Detroit Public Schools. No Action.

23-98A Title: Lead Levels in Public Housing. Referred to the Board for

This resolution asked MSMS to work with the Michigan Department of Community Health to take necessary steps to reduce lead levels in public housing

The MSMS Liaison Committee with Michigan Public Health recommended amending the resolution to read as follows: "Resolved: That MSMS collaborate with the Michigan Department of Community Health to maximize ongoing efforts toward the promotion and prevention of childhood lead poisoning through education and lead abatement where appropriate." The Legislative Policy Committee amended the second recommendation to read as follows: "Resolved: That MSMS support the Proposal C, which would fund \$675 million dollars to finance environmental and natural resources clean up in Michigan." About \$5 million of that will be utilized for lead abatement. The lead abatement programs will be statewide. The primary purpose of the \$5 million will be to staff the lead abatement programs. Committee members expressed concern that \$5 million is not a sufficient amount to properly fund statewide lead abatement programs, but agreed that the funding will certainly assist programs in a small manner. In addition, Committee members noted that the overall proposal is a positive step toward cleaning up and redeveloped contaminated sites, protecting and improving water quality, preventing pollution, and other positive environmental improvements.

Title: Standardized Process for Credentialing. Substitute Resolution (in lieu of Resolutions 24-98A and 48-98A). Adopted.

This resolution asked that MSMS support present efforts to standardize credentialing forms and to require only updated material for re-credentialing and that MSMS encourage all physicians and licensed independent practitioners to urge the health care plans with which they are associated to implement a common credentialing/re-credentialing application and process with the Professional Credential Verification Services, Inc.

The MSMS Department of Physician Hospital Relations and PCVS staff have been involved in the formation of a common physician application in the greater Grand Rapids area involving eight hospitals and two health care plans; in the greater Lansing area involving all hospitals in the area and four health care plans; as well as with the Michigan Association of Health Plans wherein a common credentialing application as been prepared in draft form for consideration and received the endorsement of 21 health care plans, the Michigan State Medical Society Board of Directors and the Michigan Osteopathic Association Board of Directors. The credentialing form is now used by 16 of the health plans in Michigan, and it has been favorably reviewed by NCQA and the JCAHO and endorsed by the Michigan Department of Community Health. The MSMS Board of Directors received presentations regarding the Michigan Association of Health Plans (MAHP) Recredentialing Form in September 1998. The MSMS Board endorsed the MAHP Recredentialing Form. In each instance the organizations were made aware of the services of PCVS and were urged to use the service in conjunction with the common physician's credentialing application.

25-98A Title: Freedom of Physician Choice in No-Fault Medical Care. No Action

26-98A Title: Classifying Managed Care Organizations as Health Care Providers. Disapproved.

27-98A Title: Managed Care Opt Out. No Action.

28-98A Title: Communication Skills Seminars. Approved.

This resolution asked that MSMS widely promote communication skills seminars through the Residents' homepage on MSMSNET, through the Medical Opportunities in Michigan (MOM) web site, and via the MSMS Joint Section newsletter; and that MSMS promote the seminars to residency program directors.

The most recent issue of the Joint Section newsletter contained an article about the seminars, and they were promoted and discussed at length at the Joint Section meeting itself. In addition, there have been two articles in Medigram promoting the seminars, and a letter has been sent to all residency program directors in Michigan promoting the seminars. Promotional material regarding these seminars went online on MSMSNET on the Residents' homepage in February, 1999. In addition, the material was forwarded to the MOM web site manager in February with a request for inclusion there.

29-98A Title: Equity in Clinical Skills Assessment for Graduate Medical Education. Substitute Resolution (in lieu of Resolutions 29-98A and 111-98A). Adopted.

This resolution asked the AMA to ensure that if and when it is required, the Clinical Skills Assessment (CSA) Examination be made a uniform examination for all graduates of medical schools, whether U.S. or foreign, and that the AMA urge the ECFMG to allow the CSA, if and when required, to be administered at a variety of sites and at the lowest cost feasible.

The Michigan Delegation introduced this resolution at the 1998 AMA Annual Meeting, where it was amended and adopted. The AMA version adopted the portion urging the test be administered at a variety of places and at lowest possible cost, but deleted the portion requiring the test to be given to all graduates. Instead, the House referred a similar resolution to the Board, because such assessment is a complicated issue, and U.S. graduates already are assessed as part of their accreditation requirements.

30-98A Title: Do Not Compete Clauses. Substitute Resolution (in lieu of Resolutions 30-98A and 56-98A). Adopted.

The resolution asked that MSMS inform resident physicians and teaching institutions that it is unethical for a facility to seek a non-competition guarantee as a condition of fulfilling its training obligations.

Through seminars developed for residents and students, MSMS has provided information on the dangers of restrictive covenants and non-compete clauses.

Through participation in the Michigan Council on Graduate Medical Education, and jointly sponsored programs on medical education issues, MSMS will continue to apprise residency program directors of AMA and MSMS policies affecting contracts with resident physicians.

31-98A Title: Signing Bonuses to Attract Graduates of U.S. Medical Schools. Adopted as Amended.

This resolution stated that compensation and bonuses for residency applicants should be allocated equally and not based on country of origin or training. It asked the AMA to declare it unethical for residency programs to provide special compensation or bonuses to U.S. graduates and not to international medical graduates. It also asked the AMA to work with the Accreditation Council for Graduate Medical Education to stop the unethical practice of providing signing bonuses to U.S. graduates.

The Michigan Delegation introduced this resolution at the 1998 Interim Meeting of the AMA in December, where it was referred to the Board to obtain an opinion of the Council on Ethical and Judicial Affairs.

Title: Delegates to the American Medical Association (AMA) International Medical Graduate (IMG) Section. Referred to the Board for Study.

The Board made the following recommendations for consideration by the 1999 House of Delegates.

RECOMMENDATION ONE: That MSMS provide the funding for two members of the International Medical Graduates (IMG) Section to attend the Interim and Annual meetings of the AMA IMG Section, beginning with the December, 1998, Interim Meeting.

RECOMMENDATION TWO: That the MSMS IMG Section elect two members from the MSMS Section to represent Michigan IMGs for a two-year term for one representative and a one-year term for the other representative for the first election and to two-year terms thereafter for both representatives.

This resolution asked that MSMS elect two MSMS IMG Section members to represent Michigan IMGs at the AMA IMG Section meetings, pay for the travel and lodging expenses of the AMA IMG Section members, and ensure that the terms of the elected members be staggered.

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House Reference Committee C was in favor of Michigan representation in the AMA IMG Section, and applauded the work and the contributions that IMGs have made at both state and national levels. Committee members recommended referral to the Board for study, because of their concerns regarding varying levels of travel funding among existing MSMS sections. Currently, MSMS reimburses: travel and expenses for two students to attend the Interim and Annual meetings of the AMA Medical Student Section; travel and expenses for two delegates to attend the AMA YPS Interim Meeting and four delegates to attend the AMA YPS Annual Meeting, travel and expenses for the MSMS Organized Medical Staff Section (OMSS) chair to attend the AMA OMSS Interim and Annual meetings. (OMSS delegates are reimbursed by their organized medical staffs in most instances.) The MSMS House authorized the expenditure of \$10,000 per year for resident physicians to attend the AMA Annual and Interim meetings. and the Leadership Conference. Though there are variables within each section, there is consistency, too. Except for the residents whose reimbursement is a result of House action, MSMS basically sends two delegates from each section to their national section meetings twice a year. The same reimbursement formulas are used to determine each actual budgeted amount, and the total costs are similar. The estimated reimbursement for two IMG delegates to attend the IMG Section meetings at the AMA Interim Meeting in December and the AMA Annual Meeting in June is \$3,000 per delegate. In anticipation of the 1999 House of Delegates approving this report and to ensure MSMS IMG Section representation at the December, 1998, AMA Interim Meeting the MSMS Board of Directors approved funding of two delegates to attend the IMG Section meeting for three days.

Title: Increasing Michigan Membership of the American Medical Association (AMA) International Medical Graduate (IMG) Section. No Action.

34-98A Title: Penalties for Physicians' Proper Prescription Performance. Adopted as Amended.

This resolution asked that MSMS condemn any health care plan which correlates compensation with, or imposes other penalties on, prescribing practices when the physician is trying to provide the highest quality of medical care and is choosing medications that are in the patient's best health interests and that MSMS work toward a solution with such health care plans and that the Michigan Delegation to the AMA ask the AMA to work toward a solution with such

MSMS has been working with payers on several pharmacy issues. The Blue Cross Blue Shield of Michigan Pharmacy Issue Team has addressed cost and utilization problems and has made several recommendations for further action. Its report highlighted the impact of consumer expectations and the role of directto-consumer advertising. BCBSM also has a pilot project underway to provide physicians with pharmacy profiles. Pharmacy utilization also received much attention during the BCBSM physician fee update discussion. MSMS has advocated in all of these arenas that physicians should not be financially punished on the basis of their prescribing behavior, but that these tools or programs should be primarily educational. Work will continue on these issues in the coming year.

35-98A Title: Physician Oversight of Advanced Practice Nurses. Substitute Resolution (in lieu of Resolutions 35-98A and Board Action Report #3). Adopted

This resolution asked MSMS to seek legislation, which would require advanced practice nurses, while working in hospitals, to be medically directed by physicians who have hospital privileges in the specialty in which the nurse is

MSMS intends to introduce legislation ensuring same specialty supervision at the most strategically appropriate time. It is important to note that introducing this legislation at an inappropriate time could raise the scope of practice issue at a time when little interest exists in the topic.

36-98A Title: Physician Assistants (PAs) and Controlled Substances. Disapproved.

37-98A Title: The Business of Medicine Versus the Practice of Medicine and the Effect on Patient Care. Substitute Resolution (in lieu of Resolutions 37-98A and 59-98A). Adopted.

This resolution asked that MSMS make known to its membership the importance of due process as an integral part of contracts with health care organizations and that MSMS official policy recommend that physician not enter any contract that does not include due process clauses.

Physicians who sign contracts which only allow appeals of adverse decisions through "in house" procedures are foregoing their right to have their claim adjudicated in a court of law. In an effort to educate members about the existence of these clauses,

MSMS developed a Managed Care Contracting Checklist and offers a seminar entitled Contracting in a Managed Care Environment. The checklist and seminar also discuss contracts that contain a termination without cause provision, which allow either party, for any reason or no reason at all, to terminate the contract. These clauses usually stipulate the party wishing to terminate the agreement provide the other party notice of such intent, within a specific period of time (e.g., 60, 90, 120 days) prior to the effective termination date.

38-98A Title: Legislation to Require Licensing of Perfusionists. Disapproved.

39-98A Title: Evaluation of Pharmacy Component of Health Insurance Premiums. Approved.

This resolution asked that MSMS engage in a study of the impact of the pharmacy component of health insurance premiums to determine the cause of its cost escalation and to determine appropriate action to address this matter.

The Blue Cross Blue Shield of Michigan Pharmacy Issue Team has addressed pharmacy cost and utilization problems and has made several recommendations for further action. The report highlighted the impact of consumer expectations and the role of direct-to-consumer advertising. Pharmacy utilization also received much attention during the BCBSM physician fee update discussion. As a result, MSMS will be working the University of Michigan School of Public Health to conduct a study on the impact of physician prescribing behavior on total health care costs and, therefore, premiums. This study, which will be completed by summer 1999, will allow MSMS to work with BCBSM and managed care plans to delineate what is and is not within the physician's control, and subsequently structure programs and incentives accordingly.

40-98A Title: Medicare and Choice Plan. No Action.

41-98A Title: Medicaid Called Upon to Address and Comment on Its Physician Payment Process. Approved.

This resolution asked MSMS to call upon Michigan's Medical Services Administration to explore billing and payment problems experienced by Michigan physicians and to implement corrective action to produce timely payments.

At each of its meetings since its September 23, 1998, meeting, members of the Medicaid Liaison Committee asked MSA to look into the matter of the lack of timely payment of medical claims to physicians participating in Medicaid. Specifically, MSMS has requested that MSA enforce its contract with qualified health plans requiring timely payment for medical services rendered to Medicaid enrollees. In addition, MSMS was successful in ensuring the addition of language in the FY 1999-2000 budget for the Michigan Department of Community Health that ties the \$48 million increase allocate to Medicaid Health Plans to their successful resolution of timely payment problems. The budget passed the Michigan House of Representatives with this language included and now proceeds to the Michigan Senate. Also, MSMS is seeking legislation that would require all health plans (commercial or Medicaid), to reimburse physicians in a timely manner. These bills which also address captitated scenarios, will be introduced in the spring, 1999. Primary sponsors include Senators Bill Schuette (R-Midland), Joanne Emmons (R-Big Rapids), Raymond Murphy (D-Detroit), and Representative Judith Scranton (R-Brighton) and others. Finally, MSMS established a Medicaid Task Force to review the MSMS legal counsel research regarding a lawsuit against the MSA to address issues relating to timely payment, adequate reimbursement and other pertinent issues.

Title: Supervision of Allied Health Professional: Increased Liability. Adopted as Amended.

This resolution called on MSMS to inform doctors about the increased liability risks associated with supervision of allied health professionals.

The MSMS Committee on Risk Management is studying the issues associated with supervision of allied health professionals with the goal of developing recommendations that can be published in all MSMS communications vehicles. In the meantime, this issue has been the subject of risk management seminars for ophthalmologists, who have unique challenges related to the joint management of patients.

43-98A Title: Endorsement of State Legislation Reforming Managed Care Liability. Approved.

This resolution asked MSMS to endorse House Bill 5221 for the purpose of reforming managed care liability in Michigan.

MSMS and the Michigan Partners for Patient Advocacy Coalition (MPPA), aggressively lobbied for passage of House Bill 5221, which would have required health plans to be held legally accountable for medical decisions they make. MSMS provided strong testimony at a House Judiciary Committee meeting. In addition, MSMS implemented an aggressive grassroots lobbying campaign. House Bill 5221 passed the Michigan House of Representatives with 68 votes in favor,



Paul O. Farr, MD, MSMS vice speaker.

but died in the Senate Health Policy Committee. MSMS and the MPPA Coalition are working in spring, 1999, with Representative Laura Baird (D-Okemos), Representative Pan Godchaux (R-Birmingham) and Representative Marc Shulman (R-West Bloomfield) to seek introduction of managed care accountability and utilization review legislation in a bi-partisan fashion. In addition, Representative Laura Baird has introduced HB 4127 and Senator Alma Wheeler Smith has introduced SB 42, both establishing managed care accountability. MSMS and the MPPA Coalition will continue to seek passage of these bills.

44-98A Title: Endorsement of Federal ERISA Reform Legislation. Substitute Resolution (in lieu of Resolutions 44-98A and 100-98A). Approved.

This resolution asked the AMA to use appropriate means to reform the federal ERISA Act in order to ensure that health plans would be governed by state laws regulating health insurance.

The Michigan Delegation introduced this resolution at the 1998 Interim Meeting of the AMA in December, where it was adopted on the affirmation calendar.

45-98A Title: Peer Review of Extended Care Facility/Skilled Nursing Facility Medical Care Sanctions. Substitute Resolution. Adopted

This resolution called for the AMA to pursue implementation of a peer review policy that would call for all issues identified during extended care facility/skilled nursing facility surveys regarding the medical care rendered by a physician which result in a citation to be reviewed and verified by an independent peer review physician program before closure of the surveys.

The Michigan Delegation forwarded this resolution to the AMA by letter in February, 1999. The AMA acknowledged that the resolution was consistent with long-standing AMA policy that both endorses the role and responsibility of the physician in supervising patient care in extended care facilities (Policy 70.991, AMA Policy Compendium), and advocates that physicians' clinical judgments should be subject to professional peer review to maintain and enhance the quality of care delivered to patients (Policy 165.960[6]).

46-98A Title: Health Care Financing Administration (HCFA) Denial of Coverage for Home Health Services. Approved.

This resolution asked the AMA to take petition for immediate action enjoining the HCFA by all means necessary from denying coverage for home health services.

Michigan Delegation Chair Billy Ben Baumann, MD, and Vice Chair Cathy O. Blight, MD, forwarded this resolution by letter August 13, 1998, to E. Ratcliffe "Andy" Anderson, MD, AMA executive vice president. The matter was forwarded to the AMA Department of Public and Private Sector Advocacy, which is including the Michigan request in its ongoing talks with HCFA.

47-98A Title: Regulation of Snowmobile Speeds. Adopted as Amended.

This resolution asked MSMS call upon the Michigan Legislature to consider the development of snowmobile speed control laws, to require a snowmobile operate license and to require that rules for suspension or loss of a snowmobile license be coordinate with suspension or loss of a motor vehicle license.

Legislation passed the Michigan House of Representatives in 1998, but died in the Michigan Senate. It would have allocated additional resources to enforce snowmobile safety laws. MSMS will seek legislation in 1999 to regulate snowmobile speeds, require snowmobile riders to wear helmets and to allocate appropriate resources for enforcement of snowmobile safety laws. Senate Bills 125-126 were introduced in February, 1999 by Senator Harry Gast and passed the Michigan Senate. These bills would amend the Michigan Vehicle Code and the Natural Resources and Environmental Protection Act, respectively, to provide for the addition of points on a person's driving record for certain offenses involving an off-road vehicle or a snowmobile. Specifically, the bills would record six points for operating a snowmobile while under the influence of alcohol or a controlled substances and additional points for other violations. In addition, Representative Bill Callahan (D-St. Clair Shores) introduced House Bill 4166 in February, 1999. The bill would require the Department of Natural Resources to develop and present to the legislature a plan to shift enforcement of snowmobile registration and collection of fees to the local units of government or groups that agreed to provide enforcement of snowmobile regulations.

48-98A Title: Re-Credentialing Venue: Health Care Plans Designating

Professional Credential Verification Service as Their Credentialing Verification Organization. Substitute Resolution (in lieu of Resolutions 24-98A and 48-98A). Adopted. See Resolution 24-98A.

49-98A Title: Health Care Financing Administration (HCFA) Auditing of Physician's Medicare and Medicaid. Approved.

This resolution asked the AMA to seek legislation enjoining HCFA from arbitrary assessment of audit monies.

Michigan Delegation Chair Billy Ben Baumann, MD, and Vice Chair Cathy O. Blight, MD, forwarded this resolution by letter August 13, 1998, to E. Ratcliffe "Andy" Anderson, MD, AMA executive vice president. The matter was forwarded to the AMA Department of Public and Private Sector Advocacy, which is including the Michigan request in its ongoing talks with HCFA.

50-98A Title: Reporting Child Abuse. No Action

51-98A Title: Scope of Practice Expansion. Referred to the Board for Study.

The Board made the following recommendation for consideration by the 1999 House of Delegates.

RECOMMENDATION: That the 1999 MSMS House of Delegates take no action on House of Delegates Resolution 51-98A; and that the MSMS Task Force on Scope of Practice Issues investigate the process in which scope of practices issues should be reviewed and approved.

This resolution asked that MSMS seek legislation that requires any expanded scope of practice legislation or rules to be reviewed and approved by the Michigan Board of Medicine.

It is the belief of the MSMS Task Force on Scope of Practice Issues that it should continue to focus on the completion and release of the Report on Alternative and Allied Health Professionals. Seeking legislation called for by House of Delegates Resolution 51-98A at the present time could divert attention from the Task Force report on scope of practice issues. This MSMS Committee on State Legislation and Regulations discussed this resolution. The Committee determined that the MSMS Task Force on Scope of Practice Issues would be better suited to contend with this very important matter. MSMS staff has aggressively researched this issue and has discovered that there are no laws in any other state which require legislation seeking to expand scope of practice to be reviewed by a state board of medicine or other entity. However, Michigan had a law which required exactly that beginning in 1978. The state's Scope of Practice Task Force was eliminated in the mid-1980's, however, because lawmakers simply ignored that requirement.

52-98A Title: Ozone, Nitrogen Oxide, Particulate Air Pollution. Substitute Board Action Report (in lieu of Board Action Report #6 and Resolution 52-98A). Adopted as Amended. See Board Action Report #6.

53-98A Title: Negotiated Agreements with Insurance Companies for Non-Insured Patients. Disapproved.

54-98A Title: Junk Science in Michigan Medical Liability Cases. Disapproved.

55-98A Title: Board Certification: What Every Student and Resident Needs to Know. Approved.

This resolution asked that MSMS make available to the medical student and resident members of MSMS and AMA Young Physician Section a document on board certification: What Every Student and Resident Needs to Know and that this information be available through electronic means.

Information on the topic "Board Certification and Recertification-What Students and Residents Need to Know" will be included as a link from MSMSNET after the completion of its redesign, currently scheduled to be complete in April, 1999. Currently, the information can be obtained directly from the AMA by accessing the following Internet address: http://www.ama-assn.org/members/memdata/special/vps/cert97a.htm.

Title: Restricted Covenants in Residency and Fellowship Training. Substitute Resolution (in lieu of Resolutions 30-98A and 56-98A). Adopted. See Resolution 30-98A.

57-98A Title: Continuing Medical Education (CME) Opportunities Through MSMS. Approved.

This resolution requested that MSMS publish an education calendar. A calendar of MSMS education opportunities for the first half of 1999 was published in the November 30, 1998, issue of Medigram and is included in the MSMS Master Calendar on our website. MSMS currently accredits more than 70 CME programs in Michigan and jointly sponsors CME with several other organizations, including a number of specialty societies. MSMS' second semiannual calendar, due out in May, 1998, will feature programming information from state specialty societies. It also will be published in Medigram.

58-98A Title: MSMS Young Physicians Section (YPS) Page on the Internet. Approved.

This resolution asked that an MSMS-YPS page have links to the AMA-YPS page, other medical society Young Physician Section pages and any other important sites of interest to young physicians.

The MSMS Young Physician Section currently employs a list-server to allow members of the section to communicate with one another via e-mail. It is among the most popular list-servers hosted by MSMS, and it is expected that MSMS YPS staff will be expanding this and other electronic resources for young physicians in 1999. Currently, MSMSNET includes a link to the Young Physicians Section of the AMA.

59-98A Title: Termination Without Cause Contract Clauses. Substitute Resolution (in lieu of Resolutions 37-98A and 59-98A). Adopted. See Resolution 37-98A.

60-98A Title: MSMS House of Delegates Resolutions on the Internet.

This resolution asked that MSMS place the resolutions which will be debated at the MSMS House of Delegates on a secure section of the Internet so that delegates and alternates can download and review them prior to the annual meeting at their own convenience and that MSMS place on the Internet any background information regarding AMA and MSMS policy that is pertinent, timely and involves resolutions which will be debated at the MSMS House of

MSMSNET will, in conjunction with the redesign currently under way, launch a members-only site that will list all proposed House resolutions, beginning in April, 1999. Information on accessing this site will be provided once the system is in place and fully tested.

61-98A Title: Index Page in MSMS Delegate Handbook. Approved.

This resolution asked that MSMS include in the front of its Delegates handbook an index page with subheadings listing the resolutions submitted by each county medical society, specialty society or section along with the number of the resolution and the reference committee to which it has been submitted.

An index page placed at the beginning of the MSMS Delegate Handbook has been incorporated into the House of Delegates procedures and will be part of the 1999 Delegate Handbook.

62-98A Title: County Membership Transfers. Adopted as Amended.

This resolution asked that MSMS work with the county medical societies to develop a method for transfer of membership information in order to facilitate the membership application process.

MSMS staff has developed and implemented, with the county medical society executives, a uniform single-page application. This is a first step in streamlining membership transfers. Continued efforts will focus on the acceptance of a member without the many different processes required by the counties for membership acceptance.

63-98A Title: Physician Collective Bargaining. Adopted as Amended.

This resolution asked that MSMS study and provide information regarding the ability of the physicians to engage in the collective bargaining process. The information would include benefits, terms of employment, uniform legal representation, and the provisions of due process.

MSMS and other medical societies are in a better position, both legally and professionally, than unions to assist in efforts to combat managed care intrusion into the physician-patient relationship. MSMS has the right to inform its members on issues affecting medicine, including managed care reimbursement issues, so that the physician members can make their own individual decisions. MSMS will be informing its membership about physician collective bargaining by placing an Issues Brief within a fall, 1999, edition of Michigan Medicine. Also, MSMS has developed a Managed Care Contracting Checklist and an Employed Physicians Checklist to provide pertinent information to its members who are evaluating managed care and/or employment contracts. Finally, the Chief of Legal and Regulatory Affairs can provide MSMS members with information specific to the federal and state laws regulating managed care, antitrust and unionization. MSMS will continue to monitor developments in physician union activities and will collaborate with the AMA on pertinent legal issues and information.

64-98A Title: Patient Education Material. Approved.

This resolution asked that MSMS utilize MSMSNET to provide a list of current patient education topics and a means to access this information.

A list of current patient education topics is now accessible from MSMSNET by clicking on "Medical Links" and choosing the "Patient Education" link. This section is currently being updated, and it is expected that the redesign of MSMSNET currently under way will lead to the expansion of this category of information.

Title: Reimbursement for Influenza Vaccination. Adopted as 65-98A Amended.

This resolution asked that MSMS provide information to all members regarding appropriate charges allowed by Medicare and other payers when physicians administer influenza vaccine to the appropriate populations in their

An article on this subject was prepared for publication in the March, 1999, issue of Michigan Medicine magazine; it also will appear online on MSMSNET and be offered as an MSMS Fax on Demand document at that time.

66-98A Title: Contracts for Non-Board Certified Physicians. Adopted as Amended.

This resolution asked that MSMS seek legislation to prohibit health plans from using lack of board certification as a sole criterion for excluding a physician from a health care contract.

MSMS has made its concerns known to Blue Cross Blue Shield of Michigan regarding any policy that would use lack of Board certification has a sole criterion for excluding a physician from a health care contract. In addition, MSMS and Henry Ford Health System have organized a meeting in April, 1999, to discuss this matter more thoroughly with BCBSM. In addition, Selectcare has announced its intention to seek a similar policy. If discussions with Blue Cross Blue Shield or Selectcare are not successful, then legislation will be pursued.

Title: Current Procedural Terminology (CPT) Codes. Substitute 67-98A Resolution (in lieu of Resolutions 67-98A and 72-98A). Adopted as Amended.

This resolution asked that MSMS urge health care companies and third party payers to work with MSMS-recommended specialists for advice on proper current procedural terminology codes.

MSMS continues to advocate for appropriate reimbursement of CPT Codes. Progress is being made with several payers, such as Blue Cross and Blue Shield of Michigan, which is becoming more willing to work with state and specialty societies to address concerns that relate to payment for CPT codes which directly affect the work of the various specialties. Third party payers have expressed that their willingness to work with the various specialties requires the designation of a finite number of representatives for each specialty. This forces the specialty groups to form a consensus regarding their reimbursement issues, thus limiting the amount of variations in requests for modification that the payers receive.

The Liaison Committee with Third Party Payers is another vehicle for the transmission of specialists' concerns. The MSMS Reimbursement Liaison works with physicians on a continual basis regarding downcoding, bundling and unexplained declines in provider reimbursement. The Reimbursement Liaison also is representing MSMS on the maintenance and education workgroup of the AMA's CPT-5 strategic development project.

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Title: Continuing Medical Education (CME) Credits for 68-98A Osteopathic Physicians Certified by Allopathic American Boards of Medical Specialties. Approved.

This resolution asked that MSMS work with the Michigan Osteopathic Association and the Osteopathic Licensure Board to ensure that physicians certified by one of the American boards of medical specialists may interchange the 60 hours of Category I continuing medical education in either osteopathic or allopathic-approved programs to meet Michigan license requirements.

This year, MSMS and the Michigan Osteopathic Association cooperated on many educational programs and worked to obtain continuing education credits meeting requirements of both organizations. Efforts to change state licensure requirements need support and endorsement from the state and national osteopathic associations and their members. MSMS hopes that future cooperative educational efforts will continue to eliminate the barriers to sharing educational

69-98A Title: Medical Use of Marijuana. Approved.

This Resolution asked MSMS to oppose the medical use marijuana except for the use in accepted Institutional Review Board (IRB) research protocols.

Legislation has not been introduced in Michigan with the objective of legalizing marijuana for medical use. However, if legislation is introduced legalizing the medical use of marijuana, then MSMS will oppose such legislation.

Title: MSMS Directory Arranged by Counties. Adopted as Amended.

This resolution asked that the MSMS roster of members list members by county medical society and specialty; and that the roster be made available to members through secured electronic means.

The August, 1999, issue of the MSMS roster will be reformatted to include listings by county and specialty, as specified by the resolution. Planning began in January for production of that edition. Inclusion of roster information on a secured website was discussed. Implementation began at a January meeting to plan content of a new "members-only" section of MSMSNET.

Title: Repressive 90-Day Post-Operative Period. Referred to the Board for Study.

The Board approved the following recommendations to be considered by the 1999 House of Delegates.

RECOMMENDATION ONE: That MSMS compile data on the various postoperative payment periods used by Michigan third party-payers.

RECOMMENDATION TWO: That the Michigan Delegation to the AMA ask the AMA to advocate by all means possible for a change in the Health Care Financing Administration policy on 90-day post operative periods.

This resolution asked that MSMS by all means possible prevent/oppose any effort by insurance carriers, managed care organizations or similar groups to arbitrarily impose the 90-day repressive resource based relative value scale (RBRVS) driven post-operative period upon physicians and that the Michigan Delegation to the AMA ask the AMA to advocate by all means for a change in the 90-day post-operative period at the Health Care Financing Administration by introducing a resolution at the AMA annual meeting in June 1998 opposing the 90-day rule. This resolution also asked that MSMS oppose the 90-day postoperative period enacted by any insurance carrier and that the Michigan Delegation ask the AMA to advocate for a change in the Health Care Financing Administration's policy regarding the 90-day post-operative period for Medicare. Typically, the global fee period for major surgeries is 90 days. This fee period was developed by Health Care Financing Administration to control the amount of money that physicians were allowed to bill starting with the day before, and during the 90 days following surgery. The overall problem is that many carriers adopt Medicare payment rules, so the HCFA policy on the 90-day post-op period has spread to other carriers.

- 72-98A Title: Current Procedural Terminology (CPT) Codes. Substitute Resolution (in lieu of Resolutions 67-98A and 72-98A). Adopted as Amended. See Resolution 67-98A.
- Title: Legislation to Change Certificate of Need Process. No Action. 73-98A
- Title: Opposition to Blue Cross Blue Shield of Michigan 74-98A (BCBSM) Operating as a Private For-Profit Mutual Insurance Company. Disapproved.

75-98A Title: Physician Involvement with Tobacco Education. Adopted as Amended.

This resolution asked that MSMS identify and encourage participation by physicians in the use of existing educational aids and presentations on tobacco education.

MSMS continues to work to accomplish this task. Physicians across the state are doubling their efforts among both public and private health care provider to help every adult possible quit smoking. Physician members have traveled to their local schools to teach the hazards of tobacco. MSMS has a slide presentation available to members who would like to educate their communities.

76-98A Title: Cost of Medical School in Michigan. Approved.

The resolution asked that MSMS address the high cost of medical education

Through liaison with medical school deans and support of national efforts to address factors that contribute to medical education costs, MSMS has expressed ongoing concern regarding medical education costs. Specific initiatives this year have included careful examination of advocating new curriculum requirements and pursuit of grant funds to help medical schools explore innovations in teaching.

77-98A Title: Parity. Approved.

This resolution asked MSMS to support legislation to give parity for the treatment of mental illnesses and substance abuse disorders when there is medical

MSMS is a member of Partners for Parity, a coalition of more than 60 health care organizations, working to pass mental health parity legislation. As proposed in Michigan, legislation would require health plans to cover mental health and substance abuse at the level that they cover other physical medical services. In the 1997-98 legislative session, five bills were introduced into the House of Representatives. Each bill had a principle sponsor and several cosponsors. A hearing was held on these bills in the House Insurance Committee. In the 1999 session, MSMS is working with the Partners for Parity Coalition and the Michigan Partners for Patient Advocacy (MPPA) to seek reintroduction and passage of mental health parity legislation.

78-98A Title: Physicians as Felons. Adopted as Amended.

This resolution asked MSMS to study legal issues that result in physicians charged with crimes for their adverse clinical outcomes and support state legislation to remedy the problem.

The MSMS Committee on State Legislation and Regulations as well as the MSMS Board of Directors Legislative Policy Reference Committee have discussed issues related to "the criminalizing of medicine." These committees have recommended that MSMS take strong positions against legislation and other initiatives that criminalize the practice of medicine. It is believed that the licensing and discipline process is sufficient to address clinical, ethical, and other issues related to the practice of medicine.

79-98A Title: Outpatient Reimbursement Parity. Adopted as Amended.

This resolution asked the AMA to support all legislative, executive and judicial actions at the state and national levels to establish parity between Medicare payments for hospital outpatient services and the same services provided in a private practitioner's office, and to prevent escalated co-payments by beneficiaries (Medicare payments) to hospital outpatient departments for hospitalowned physician practices above those the beneficiaries would have to pay at a private practitioner's office.

The Michigan Delegation introduced this resolution at the 1998 Interim Meeting of the AMA in December, where it was reaffirmed as existing AMA

80-98A Title: Health Care Dollars in the Cayman Islands. Referred to the Board for Immediate Action.

The Board made the following recommendation for consideration by the 1999 House of Delegates.

RECOMMENDATION: That no action be taken on HOD 80-98A, Health Care Dollars in the Cayman Islands.

This resolution asked MSMS to encourage and support legislation, as well as executive and judicial action, to stop health care dollars from being sent to offshore insurance companies from not-for-profit, non-taxable hospitals, and that MSMS seek legislation to require that not-for-profit, non-taxable hospitals account to the general public with full detailed disclosure of the disposition and expenditure of these monies.

The Legislative Policy Committee reviewed this resolution, and received an impressive, detailed explanation of the issue. After extensive discussion, the Committee decided that this was not an issue in which MSMS should be involved. The Board of Directors approved the "no action" recommendation at its July, 1998, meeting.

81-98A Title: Monopolistic and Anti-Competitive Actions of Hospital-Owned Health Maintenance Organizations (HMOs). No Action.

Title: Opposition to Senate Bill 673 - Cease and Desist Any 82-98A Changes in Public Act 350. Adopted as Amended.

This resolution asked that MSMS support all actions that oppose Senate Bill 673, and support legislative, executive and judicial actions that oppose any changes in any way, shape or form, the regulatory control of Public Act 350 of 1980 over BCBSM.

Immediately following the House of Delegates, MSMS reiterated it opposition to Senate Bill 673-675, to both the bill sponsor and other key lawmakers. Numerous physicians expressed their concern with the legislation to the bill sponsor, as well as their own lawmakers. The bill was not taken up for a hearing as a result of MSMS opposition. It is important to note that MSMS sought the introduction of Senate Bill 958-960, which reform certain components of Public Act 350. For example, Senate Bill 958-960 would require Blue Cross to reimburse physicians directly for their master medical payments. In addition, this legislation would require BCBSM to reimburse out-patient surgical facilities using similar criteria used for hospital and this legislation would also strengthen the BCBSM physician grievance process and require that BCBS utilize uniform claims standards. These bills died at the end of the 1998 session.

Title: Physicians Vulnerability and Protection from Criminal Sexual Misconduct. Referred to the Board for Study.

The Board made the following recommendations for consideration by the 1999 House of Delegates.

RECOMMENDATION ONE: That MSMS adopt the first resolved of Resolution 83-98A that reads: "That MSMS affirm and support the propriety of the physician using his/her best judgment in determining with the patient the extent and thoroughness of the history and physical exam.'

RECOMMENDATION TWO: That MSMS encourage physicians and their employees to have nurses, or assistants, or other appropriate chaperones in the examining room during physical examinations that could result in sexual misconduct allegations, in order to provide comfort to the patient and to protect against such allegations.

RECOMMENDATION THREE: That MSMS educate physicians and the public regarding the above principles.

This resolution asked that MSMS affirm and support the propriety of the physician using his/her best judgment in determining with the patient the extent and thoroughness of the history and physician exam and that MSMS aid physicians in educating the public regarding these principles.

This resolution was intended to have MSMS affirm that the extent and content of both a medical history and physical exam should be determined by the physician (with the patient's consent) acting in the patient's best interest. The resolution also aims to remind physicians that when patients misinterpret the intent of the physical exam, physicians may find themselves accused of wrongdoing. The MSMS Board received input from MSMS legal counsel, Richard D. Weber, JD, on this issue. Mr. Weber advised that Res. 83-98A be amended to include language that suggests common sense steps (having appropriate chaperones in the exam room) to protect against false accusations of impropriety. He said that adding such language does not constitute creating a malpractice standard of practice because it is not a treatment issue. The Board also added language that acknowledges the patient's perspective, and indicates under what general circumstances physicians should take precautions.

84-98A Title: Against Lay Mid-Wifery. Adopted as Amended.

This resolution asked that MSMS call upon the Michigan Legislature to define obstetrics as assistance in the delivery of a child and that the performance of obstetrical services is an act of the practice of medicine requiring proper licensure as a physician, physician assistant, or advanced practice nurse midwife. The second resolved asked MSMS to call upon the Michigan Legislature to forbid the remuneration of an individual in any way for the performance of non-emergency obstetrical services without proper licensure. The third resolved asked that neither resolveds shall seek to prevent an individual from performing obstetric services on a true emergency basis when licensed individuals are not immediately available and that neither resolveds shall seek to prevent the usual remuneration of a civil servant or emergency personnel who perform obstetric service son an emergency basis during the course of his/her civil or emergency duties.

MSMS is working with Senator Gary Peters (D-Bloomfield Township), to amend his legislation, which would license free-standing birthing centers. Several lawmakers have expressed interest in regulating free-standing birthing centers. However, MSMS has expressed the importance of prosecuting individuals practicing lay mid-wifery, as well as shutting down free-standing birthing centers that do not meet safety requirements. MSMS will continue its efforts in regard to this resolution in the 1999 legislative session. Members of the Maternal and Perinatal Health Committee plan to meet during a Legislative Forum that will be part of the Maternal, Perinatal and Child Health Retreat on Friday, May 28, 1999, with Senator Joe Schwarz, MD, and Senator Gary Peters to discuss the licensing of free-standing birthing centers legislation. But in reviewing this issue,

the MSMS Board of Directors strongly recommended that the State of Michigan seek to prosecute individuals practicing lay mid-wifery, as well as shut down freestanding birthing centers that do not meet safety requirements.

85-98A Title: Physician Assisted Suicide. Adopted as Amended.

This resolution asks that MSMS support efforts to legislatively prohibit physician assisted suicide.

Immediately following the MSMS House of Delegates meeting, MSMS expressed its willingness to support legislation banning physician assisted suicide, if the legislation included appropriate safeguards to protect the legal and ethical rights of physicians and patients. While the resulting legislation included strong intent language, it did not include all the specific provisions that MSMS suggested in order to protect the legal and ethical rights of physicians and patients. The legislation passed in 1998 and became state law.

Title: Diagnostic Procedural Coding System. Adopted as Amended.

This resolution asked the AMA to use its influence to preserve the coding authority of professional services, to arrange current procedural terminology hierarchically so that systematic statistical aggregation can be done and that it be compatible with the diagnostic hierarchy, and to thoroughly evaluate the appropriateness, cost of implementation and timeframe, if implemented, of the proposed ICD-10-PCS (procedural coding system) developed by the 3M Company, and, after thorough evaluation, champion a position based on this evaluation.

The Michigan Delegation introduced this resolution at the 1998 AMA Annual Meeting, where it was referred to the Board for report back at the 1998 Interim Meeting in December. The AMA reference committee noted that the AMA already had commissioned an extensive study of the ICD-10-PCS, which was distributed to specialty societies in 1997. In addition, the AMA was shortly to begin planning and developing the next generation of CPT coding—CPT 5, which will be designed to add a hierarchical perspective to CPT, while preserving and enhancing the simplicity needed by practicing physicians. The reference committee further noted that HCFA will continue to review the need for a new procedural coding system for physician services and likely will make a decision in 2000. The committee noted that "HCFA's interest in moving from the ICD-9-CM Volume 3 hospital procedure codes to ICD-10-PCS provides an historic opportunity to move instead to an enhanced CPT that would serve as the single procedural coding approach for reporting physician and hospital services." The AMA House amended and then adopted the Board's report at the 1998 Interim Meeting. The report summarizes the activities of the AMA with regard to the development of CPT-5 and reports on the structure and status of ICD-10-PCS. The delegates called on the AMA to continue to monitor developments regarding ICD-10-PCS, to work on development of CPT-5, to explore opportunities to include medical specialty societies and other organizations with expertise in the formulation of clinical terminology in the development of CPT-5, and to inform physicians and other users of CPT about the development of CPT-5.

87-98A Title: Collaborative Agreement. Adopted as Amended.

This resolution asked MSMS to support drafting a uniform collaborative agreement to be used by physicians statewide if Senate Bill 104 passes the Michigan legislature and let MSMS seek concurrence of the Michigan Osteopathic Association for assistance in the development of the Uniform Collaborative Agreement if SB 104 passes the Michigan legislature.

MSMS legal counsel assisted in the drafting of a sample collaborative agreement based on the provisions of SB 104 as it passed the Michigan Senate. However, SB 104 did not pass the Michigan House of Representatives. Since this Resolution is contingent upon SB 104 passing, the objective of the Resolution has been met.

88-98A Title: Prosecutory Immunity for Tobacco Industry. No Action.

89-98A Title: No Unfunded Mandates. Approved.

This resolution called on the AMA to help pass legislation that would require all further mandates from the Health Care Financing Administration to be funded by HCFA.

Michigan Delegation Chair Billy Ben Baumann, MD, and Vice Chair Cathy O. Blight, MD, forwarded this resolution by letter August 13, 1998, to E. Ratcliffe "Andy" Anderson, MD, AMA executive vice president. The matter was forwarded to the AMA Department of Public and Private Sector Advocacy, which is including the Michigan request in its ongoing talks with HCFA.

90-98A Title: Record Retention. No Action

Title: Michigan Board of Medicine. Adopted as Amended.

This resolution asked that MSMS work with the Michigan Board of Medicine

to add the option to speak with an individual during regular business hours as part of the current voice mail system.

MSMS leadership met with state officials from the Michigan Department of Consumer and Industry Services regarding a possible option on their automated system to speak to an individual. State officials heard their concerns and informed MSMS that none of the other 14 licensed professions have voiced this concern, but they would take MSMS input into consideration.

92-98A Title: Electronic Record Confidentiality. No Action.

93-98A Title: Health Maintenance Organization (HMO) Accountability. Adopted as Amended.

That the Michigan Delegation to the AMA ask the AMA to seek legislation to require health maintenance organizations to disclose administrative expenses as a percentage of premiums to employees before they are allowed to commit to a contract.

MSMS has met with the Michigan Insurance Bureau to discuss the financial stability of health plans and the amount of money spent on administration. The governor has appointed a new insurance commissioner and MSMS will be working closely with him to seek resolution to these issues. The more timely flow of financial information, discussed in Board Report #9, will allow MSMS to keep its members better informed of the current status of health plans.

94-98A Title: Hospital Mergers. Adopted as Amended.

This resolution asked the AMA to assess the impact of pending mergers on patient care delivery.

The Michigan Delegation introduced this resolution at the 1998 AMA Annual Meeting in June, where it was referred to the AMA Board for decision. Reference committee testimony on the need for such an assessment was mixed, with those not in support saying that the resolution was vague and such a study could be extremely expensive. They noted that the AMA Council on Medical Service prepared a comprehensive report in 1995 on trends in the organization of health delivery systems, including mergers, and the AMA Organized Medical Staff Section also conducted a comprehensive study in 1996 on hospital affiliations and mergers. The reference committee preferred referral as a means of ensuring that potential AMA council and staff resources needed for an AMA study and report on mergers are warranted at this time.

95-98A Title: Primary Care Definition. Approved.

This resolution called for the AMA to seek legislation to allow physicians who actually function as primary care doctors (even though they may not be in family practice, internal medicine or pediatrics), for a particular patient, to continue to function as the patient's primary care doctor, and to reimburse these doctors accordingly.

The Michigan Delegation introduced this resolution at the 1998 Interim Meeting of the AMA in December, where a substitute was adopted reaffirming AMA policy precisely defining primary care and addressing the issue of reimbursement. Though they appreciated the resolution's intent to ensure the proper reimbursement of physicians functioning as primary care givers, the delegates did not wish to muddy the current AMA definition, and thought adoption of the resolution could adversely modify existing policy.

96-98A Title: Health Care Financing Administration (HCFA) and Resident Supervision. Approved. •

This resolution called for the AMA to help establish more realistic guidelines for attending physician involvement in patient care with resident physicians.

Michigan Delegation Chair Billy Ben Baumann, MD, and Vice Chair Cathy O. Blight, MD, forwarded this resolution by letter August 13, 1998, to E. Ratcliffe "Andy" Anderson, MD, AMA executive vice president. Reed V. Tuckson, MD, AMA senior vice president for professional standards. They responded in October that the AMA is working closely with the principals involved, but they are not confident the situation will be resolved with the current mechanism for funding graduate medical education. HCFA will not reimburse an attending physician who is not directly and responsibly involved in the care of a specific patient. Thus, attendings are participating to the extent necessary to be reimbursed, detracting from the many important aspects of the resident's academic and clinical training specified in the whereases of the Michigan resolution.

97-98A Title: Involuntary Garnishment of Reimbursement by Health Maintenance Organizations and Third Party Payers. Adopted as Amended.

This resolution asked that MSMS strongly oppose garnishment of reimbursement or other fees without physician opportunity to first respond to audit questions or allegations before Health Maintenance Organizations or Third Party Payers decide to impose financial sanctions, and that MSMS ask the AMA to do the same.

Through the efforts of the Liaison Committee with Third Party Payers, Blue Care Network has agreed not to initiate any new audits without prior notification to the physician involved. BCN has further agreed to directly contact the physician or to work through the MSMS Liaison Committee staff. BCN is also in the process of reviewing audits to determine if physicians are entitled to any type of reimbursement for financial penalties they incurred as a result of any inappropriately initiated audits. The Committee continues to investigate any similar garnishment situations that are reported and work with the third party payer involved to prevent this type audit from occurring in the future.

98-98A Title: Screening Pelvic Exam Frequency. Adopted as Amended.

This resolution called for the AMA to work with HCFA to restore payment for and to encourage the performance of annual screening pelvic exams, and, at the discretion of the physician, Pap smears.

Michigan Delegation Chair Billy Ben Baumann, MD, and Vice Chair Cathy O. Blight, MD, forwarded this resolution by letter August 13, 1998, to E. Ratcliffe "Andy" Anderson, MD, AMA executive vice president. The matter was forwarded to the AMA Department of Public and Private Sector Advocacy, which is including the Michigan request in its ongoing talks with HCFA.

99-98A Title: Pathological Gambling. Adopted as Amended.

This resolution asked that MSMS commit itself to serve as an advocate for the treatment of gambling addiction among people in Michigan.

The Task Force to Review the MSMS Policy Manual will incorporate resolution #99-98A into the MSMS Policy Manual, stating that MSMS advocates treatment for gambling addiction.

100-98A Title: Endorsement of Stark-Kildee Employment Retirement

Income Security Act of 1974 (ERISA) Legislation. Substitute Resolution (in lieu of Resolutions 44-98A and 100-98A). Approved. See Resolution 44-98A.

101-98A Title: Insurance for Domestic Partners. No Action.

102-98A Title: Continuing Medical Education (CME) Credits for County Society Meetings. No Action.

103-98A Title: Timely Payments by Third Party Payers. Approved.

This resolution asked MSMS to seek legislation which would require third party payers to pay physicians within 14 business days following receipt of a clean claim (as defined by MSMS) by electronic transmission or 21 business days for hard copy. Non-clean claims must be resolved within 30 days and failure of third party payers to pay physicians within the time limit would result in a penalty assessment of three percent per month with a fine of \$5,000 per incident.

Legislation requiring timely payment of medical services has been drafted and will be introduced in April or May, 1999, by Senators Bill Schuette (R-Midland), Joanne Emmons (R-Big Rapids), Joe Schwarz, MD (R-Battle Creek), Raymond Murphy (D-Detroit), as well as Representatives Judie Scranton (R-Brighton), A.T. Frank (D-Saginaw) and other lawmakers. In addition, MSMS was successful in March in passing an amendment to the 1999-2000 MDCH budget, which states that all qualified health plans must resolve timely payment problems or no health plan will receive any of the \$48 million allocated to the qualified health plans in the fiscal year 1999-2000 budget. MSMS will seek to insure that this language remains as the budget process continues in the Michigan Senate in April and May.

104-98A Title: Comprehensive Assessment of Immunization in the Sixth Grade. Adopted as Amended.

This resolution asked MSMS to support amendments to the Michigan Public Health Code and the School Code to require assessment of the immunization status of all sixth graders starting with the 2002/2003 school year.

The MSMS Committee on Michigan's Public Health will continue to work with the Michigan Department of Community Health to ensure this assessment of all sixth graders immunizations is obtainable.

105-98A Title: Amendment of the Michigan Public Health Code to Include Varicella Vaccine. Adopted as Amended.

This resolution asked MSMS to amend the Public Health Administrative Rules to require that the varicella vaccine be required for all preschoolers by the year 2000 and for all children entering school for the first time by the year 2002.

This has been accomplished. The MSMS Committee for Michigan's Public Health will continue to work with the Michigan Department of Community Health to assist and educate MSMS members about this change and assist them in any way to make it a smooth process.

106-98A Title: Michigan Board of Medicine Compliance Conferences. Referred to the Board for Study.

The Board made the following recommendations for consideration by the 1999 House of Delegates.

RECOMMENDATION ONE: That MSMS convene a meeting with officials from the Michigan Department of Consumer and Industry Services, Office of Health Services, to ensure that the appropriate process is followed for allegations made against a physician.

RECOMMENDATION TWO: That MSMS legal counsel publish an article in *Michigan Medicine* describing the appropriate process for allegations made against a physician and describing the rights of physicians who have allegations filed against them.

This resolution asked MSMS to seek changes in the appropriate statute to require a pre-screening of complaints by a physician designated by the Michigan Board of Medicine who specializes in the same specialty as the accused licensee prior to any compliance conference.

The MSMS Committee on Licensure and Discipline was asked to review this resolution. The Committee received an explanation of the full allegation process which includes:

- •Supine or request for medical records pertinent to allegation
- Review of medical records by allegation staff
- •Review by MPRO physicians if necessary to determine if allegation is warranted
- If allegation believed to be warranted, the material is then reviewed by the Chair of the Board or his/her designee
 - The Board Chair has seven days to authorize an investigation
 - Investigation may proceed
 - Compliance Conference convened if investigation yields such results

107-98A Title: Recruitment of Corporate-Affiliated Physicians. Approved.

The first resolved of this resolution asked MSMS to study the feasibility of implementing initiatives on the rural level similar to that which have been offered to Henry Ford Medical Group.

The MSMS Corporate for Employed Physicians Committee considered this resolution during its November meeting. Information was received from the MSMS Membership Department explaining that the Henry Ford Medical Group membership program is a four-year pilot project initiated by the AMA, to be accessed for efficacy after that time.

The second resolved of this resolution called for MSMS to seek to create a marketing plan that county medical societies could use to approach and entice corporate-affiliated physicians to join MSMS and the AMA.

At the November, 1998, meeting of the MSMS Corporate Employed Physicians Committee, the MSMS Membership Department reviewed the MSMS marketing plan to promote membership throughout Michigan. The county medical society executives reviewed this plan in October 1998, and will work in concert to promote membership of all Michigan physicians, including corporate employed physicians.

108-98A Title: Automatic Review of Physicians by the Michigan Board of Medicine. Referred to the Board for Study.

The Board made the following recommendations for consideration by the 1999 House of Delegates.

RECOMMENDATION ONE: That MSMS seek legislation to the change the threshold for automatic review of physicians by raising the total dollar settlement, as well as the limit on the number of cases within a five-year period in which there is an award; and be it further

RECOMMENDATION TWO: That if raising the threshold for all physicians is not agreeable to the Michigan legislature, then MSMS shall seek to raise to threshold for specialty in high risk, malpractice classification; and be it further

RECOMMENDATION THREE: That MSMS work with the malpractice insurance companies in Michigan to determine an appropriate threshold to trigger an investigation of a physician's license.

This resolution asked that MSMS seek legislation to change the threshold for automatic review of physicians by raising the total dollar settlement as well as the limit on the number of cases within a five-year period in which there is an award and that if raising this threshold for all physicians is not agreeable to the Michigan Legislature, then MSMS shall seek to raise the threshold for specialties in high-risk malpractice classifications.

The MSMS Committee on Licensure and Discipline was asked to review this resolution. Mark Shebuski, MD, the resolution introducer, expressed concern to the Committee that the current threshold of an aggregate of \$200,000 or three malpractice cases was too low to trigger a Board of Medicine investigation of a physician. Committee members were informed that currently 173 cases are pending as a result of the malpractice case threshold. Committee members fully agreed that the malpractice case threshold is currently too low. While the Committee acknowledged that such legislation would be politically difficult to

pass, they agreed that the current threshold is unrealistic.

109-98A Title: Proposed Changes in the Omnibus Budget Reconciliation Act (OBRA), Health Care Financing Administration and Michigan Department of Consumer and Industry Services Rules Requiring Therapeutic Interventions for Nursing Home Changes, Adopted as Amended.

This resolution asked that MSMS make changes to the Public Health Code, as it relates to nursing homes, to be rewritten to accommodate patient and family choice in treatment on a case-by-case basis. This resolution also asked that MSMS work with the Health Care Financing Administration and the Department of Consumer and Industry Services to change the rules that require physical therapy and a dietary evaluation, even when the physician, patient and family think they are not of value.

Senator Beverly Hammerstrom (R-Temperance), plans to begin implementation on a Public Health Code review process in the spring or fall, 1999. MSMS met with Senator Hammerstrom in February, 1999, and expressed willingness to play an important role in the Public Health Code review process. MSMS will work with Senator Hammerstrom to see that all appropriate changes, including those related to nursing homes, are made.

110-98A Title: Antibiotic Resistant Bacteria. Adopted as Amended.

The amended resolution asked that MSMS, through the new Michigan Antibiotic Resistance Reduction (MARR) project of the Michigan Institute for Medical Quality, inform Michigan physicians about antibiotic resistant.

MSMS has been working with this statewide coalition to address antibiotic prescribing issues. Although the coalition was unsuccessful in obtaining grant money for educational and data collection programs, the individual participants will be able to provide in-kind support to further the agenda. MSMS will continue to coordinate physician education and feedback activities.

111-98A Title: Equity in Clinical Skills Assessment for Graduate Medical Education. Substitute Resolution (in lieu of Resolutions 29-98A and 111-98A). Adopted. See Resolution 29-98A.

112-98A Title: Smoking in Cars Transporting Children. Not Adopted – Defeated.

113-98A Title: Restricting Medical Practices. Approved

This resolution asked the MSMS Board of Directors to study problems and seek legal remedy when health care management companies restrict the practice of physicians, e.g., not allowing psychiatrist to do psychotherapy and restricting their practice to writing prescriptions.

Because of the increasing proliferation of managed care into the health care industry and its attempt to manage the care provided by physicians, the Michigan State Medical Society (MSMS) has developed various initiatives to "even the playing field" between physicians and managed care companies. These initiatives include creating an open dialogue between MSMS leadership and the medical directors of those managed care plans providing health insurance to Michigan residents, conducting Managed Care Contracting Seminars throughout the state to provide physicians with the necessary information to effectively contract with a managed care entity, and the creation of the Managed Care Contracting Checklist which was designed in a manner to increase physician awareness regarding those issues contained or not contained within a managed care contract prior to signing the contract.

114-98A Title: Unauthorized Release of Physicians Confidential Credential File. No Action.

115-98A Title: Misuse of the Title Doctor. Not Accepted as a Late Resolution.

116-98A Title: Stop Smoking in Public Places. Approved.

Resolved one and three of this resolution call for the AMA to reaffirm its policies on tobacco use, and to support enactment of the existing OSHA clean air rules in the work place.

This resolution was introduced by the Michigan delegation at the 1998 AMA Annual Meeting. The resolution was consistent with existing AMA policy and was reaffirmed by the AMA House of Delegates.

117-98A Title: Support for Ask the Doctors on WNMU-TV13 Northern Michigan University Public Television. Not Accepted as a Late Resolution.



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Chair's Report

MSMS Board Takes Action on House of Delegates Issues

Board Action Report #1 – Resolution 21-98A, "Update Michigan's Medicaid Payment to All Physicians." Approved.

The Reference Committee on Public Health recommended approval of the following Recommendation of Board Action Report #1.

RECOMMENDATION: That this report be adopted in lieu of Resolution 21-98A, "Update Michigan's Medicaid Payment to All Physicians," and that no further action be taken.

HOD Resolution 21-98A requested that MSMS and the AMA consult with legal counsel regarding the feasibility of a class action lawsuit against all agencies who discriminately fund qualified health centers and rural health clinics at the expense of private practices and proceed with such a lawsuit if feasible or appropriate.

After considerable discussion at the House of Delegates meeting, Resolution 21-98A was referred to the MSMS Board of Directors for further study. The Board referred the resolution to the MSMS Medicaid Liaison Committee for research and recommendation.

The Liaison Committee felt that the resolution was narrowly focusing on private practicing physicians and that physicians in the public sector serving Medicaid patients are in a similar situation in regards to covering over head cost, since the cost of care is not met by the Medicaid reimbursement fees. The Committee agreed that reimbursement from Medicaid needs to be at an adequate level to cover the cost of providing care to Medicaid recipients as established under RBRVS.

Committee members believe it is very important that everything possible be done to improve access to quality health care for Medicaid patients and not expect physicians to absorb the financial burden, regardless if they are public or private practicing physicians.

MSMS legal counsel was consulted and has investigated the feasibility of filing a lawsuit as explained by the resolution. Legal counsel has concluded that it is not feasible. Many of the grants received by agencies are private grants that have the right to issue grants to whomever they wish. These and other factors prohibit the feasibility of a lawsuit. Therefore, the Board recommends that this report be adopted in lieu of Resolution 21-98A, and no further action be taken.

The House approved the recommendation of the Reference Committee.

Board Action Report #2 – Resolution 23-98A, "Lead Levels in Public Housing." Approved.

The Reference Committee on Public Health recommended approval of the following Recommendation of Board Action Report #2.

RECOMMENDATION: That the following be adopted in lieu of Resolution 23-98A, "Lead Levels in Public Housing": That MSMS collaborate with the Michigan Department of Community Health to maximize ongoing efforts toward the promotion and prevention of

childhood lead poisoning through education and lead abatement where appropriate.

HOD Resolution 23-98A requested that MSMS work with the Michigan Department of Community Health to take necessary steps to reduce lead levels in public housing in Detroit. The House Reference Committee felt the resolution should be broader in scope and suggested referral to the MSMS Board to develop a policy that would cover the entire state. The Board requested the Committee on Michigan's Public Health to review the resolution and make a recommendation.

The Committee on Michigan's Public Health also expressed concern with the narrow scope of the resolution that refers only to Detroit public housing, and amended the wording of the resolution so that it applies to the entire state. The Committee recognized and expressed appreciation of the ongoing efforts of the Michigan Department of Community Health on this issue.

The Board of Directors also approved a second recommendation of the Committee that MSMS support Proposal C on the November ballot. Proposal C was passed. It will provide \$675 million dollars for environmental and natural resources protection programs that will clean up and redevelop contaminated sites, protect and improve water quality, prevent pollution, abate lead contamination, reclaim and revitalize community waterfronts, enhance recreational opportunities and clean up ontaminated sediments in lakes, rivers and streams.

The House approved the recommendation of the Reference Committee.

Board Action Report #3 – Resolution 32-98A, "Delegates to the AMA IMG Section." Approved.

The Reference Committee on Internal Affairs and Public Service recommended approval of the following Recommendations of Board Action Report #3.

RECOMMENDATION ONE: That MSMS provide the funding for two members of the International Medical Graduates (IMG) Section to attend the Interim and Annual meetings of the AMA IMG Section, beginning with the December 1998 Interim meeting.

RECOMMENDATION TWO: That the MSMS IMG Section elect two members from the MSMS Section to represent Michigan IMGs for a two-year term for one representative and a one-year term for the other representative for the first election and to two-year terms thereafter for both representatives.

HOD Resolution 32-98A requested that MSMS elect two MSMS IMG Section members to, represent Michigan IMGs at the AMA IMG Section meetings, pay for the travel and lodging expenses of the AMA IMG Section members, and ensure that the terms of the elected members be staggered.

House Reference Committee C was in favor of Michigan representation in the AMA IMG Section, and applicated the work and the contributions

IMGs have made at both state and national levels. Committee members recommended referral to the Board for study, because of their concerns regarding varying levels of travel funding among existing MSMS sections.

Currently, MSMS reimburses: travel and expenses for two students to attend the Interim and Annual meetings of the AMA Medical Student Section: travel and expenses for two delegates to attend the AMA YPS Interim Meeting and four delegates to attend the AMA YPS Annual Meeting, travel and expenses for the MSMS Organized Medical Staff Section (OMSS) chair to attend the AMA OMSS Interim and Annual meetings. (OMSS delegates are reimbursed by their organized medical staffs in most instances.)

The MSMS House authorized the expenditure of \$1,000 per year for resident physicians to attend the AMA Annual and Interim meetings, and the Leadership Conference.



Kenneth H. Musson, MD, MSMS Board Chair, reports on Board actions taken as a result of the 1998 House of Delegates.

Though there are variables within each section, there is consistency, too. Except for the residents whose reimbursement is a result of House action, MSMS basically sends two delegates from each section to their national section meetings twice a year. The same reimbursement formulas are used to determine each actual budgeted amount, and the total costs are similar.

The estimated reimbursement for two IMG delegates to attend the IMG Section meetings at the AMA Interim Meeting in December and the AMA Annual Meeting in June is \$3,000 per delegate.

In anticipation of the 1999 House of Delegates approving this report and to insure MSMS IMG Section representation at the December 1998 AMA interim meeting the MSMS Board of Directors approved funding of two delegates to attend the IMG Section meeting for three days.

The House approved the recommendation of the Reference Committee.

Board Action Report #4 - Resolution 51-98A, "Scope of Practice Expansion." Approved.

The Reference Committee on Legislation recommended approval of the following Recommendation of Board Action Report #4.

RECOMMENDATION: That no action be taken on HOD Resolution 51-98A, "Scope of Practice Expansion," which requested MSMS to seek legislation requiring any expanded scope of practice legislation or rules be reviewed and approved by the Michigan Board of Medicine.

The 1998 House of Delegates referred HOD Resolution 51-98A to the MSMS Board of Directors for study. The Board subsequently referred the resolution to the Joint Task Force on Scope of Practice Issues for study and recommendation.

The Task Force noted that the resolution has merit, however, the timing for MSMS to seek such legislation is not appropriate. MSMS should work closely with the Michigan Osteopathic Association to finalize and release the report on Allied and Alternative Health Professionals, prior to considering the legislation called for in HOD Resolution 51-98A. The Task Force believes that seeking the legislation called for in HOD Resolution 51-98A may have a negative impact on the credibility of the report on Allied and Alternative Health Professionals.

In addition, the Task Force noted that certain lawmakers are interested in rewriting the Michigan Public Health Code, therefore, may not wish to address individual scope of practice issues. The report on scope of practice issues will be useful to lawmakers in rewriting the Michigan Public Health Code, therefore, may be a useful advocacy tool for MSMS.

MSMS should continue to coordinate its scope of practice initiatives with the Michigan Osteopathic Association.

The Board agrees with the Task Force that this is not the time to seek this legislation, however, the Board has directed the Task Force on Scope of Practice Issues to investigate the process in which scope of practice issues should be reviewed and approved.

The House approved the recommendation of the Reference Committee.

Board Action Report #5 - Resolution 71-98A, "Repressive 90-Day Post-Operative Period." Approved.

The Reference Committee on Medical Care Delivery recommended approval of the following Recommendation of Board Action Report #5.

RECOMMENDATION: That MSMS compile data on the various postoperative payment periods used by Michigan third party payers; and that the Michigan Delegation to the AMA ask the AMA to advocate by all means for a change in the Health Care Financing Administration policy on 90-day post-operative periods.

HOD Resolution 71-98A asked that MSMS oppose the 90-day postoperative period enacted by any insurance carrier and that the Michigan Delegation ask the AMA to advocate for a change in the Health Care Financing Administration's policy regarding the 90-day post-operative period for Medicare. This resolution was referred to the Board for study.

Typically, the global fee period for major surgeries is 90 days. This fee period was developed by Health Care Financing Administration to control the amount of money that physicians were allowed to bill starting with the day before, and during the 90 days following surgery.

There are various groups of procedure codes that carry global periods of less than 90 days. Minor surgeries, some endoscopic procedures and various outpatient procedures may fall into this category.

SPECIAL REPORT

HCFA has indicated that when a significant number of inquiries are made, they will review procedure codes to determine if the global period is inappropriate. To do this, HCFA relies on a panel of Carrier Medical Directors to evaluate the procedure codes in question. Based on comments and recommendations from the panel of CMD's, HCFA may or may not reduce the number or days in the global period.

MSMS continues to work with Michigan carriers regarding the 90-day post-operative period policy. MSMS is also supporting the AMA efforts to influence Medicare policy. The committee believes that keeping physicians informed about any

changes that affect the global fee period is important. Accordingly, we recommend that MSMS continue to monitor changes in the global fee period, and disseminate this information to members when appropriate.

The overall problem is that many carriers adopt Medicare payment rules, so the HCFA policy on the 90-day period has spread to other carriers. The Board believes that additional data on Michigan carrier policies would be useful, and that the first step in solving the problem is to deal with Medicare policy since it becomes the standard for other payers.

The House approved the recommendation of the Reference Committee.

Board Action Report #6 - Resolution 83-98A, "Physicians Vulnerability and Protection from Criminal Sexual Conduct." Adopted as Amended.

The Reference Committee on Scientific and Educational Affairs recommended adoption of the following Recommendations as amended.

RECOMMENDATION ONE: That MSMS adopt the first resolved of Resolution 83-98A that reads: "That MSMS affirm and support the propriety of the physician using his/her best judgment in determining with the patient the extent and thoroughness of the history and physical exam."

RECOMMENDATION TWO: That MSMS encourage physicians and their employees to have nurses, or assistants, or other appropriate chaperones in the examining room, as needed, during physical examinations that could result in sexual misconduct allegations in order to provide comfort to the patient and to protect against such allegations.

RECOMMENDATION THREE: That MSMS educate physicians and the public regarding the above principles.

HOD Resolution 83-98A was referred to the MSMS Board of Directors for study. The resolution asked that MSMS affirm that the extent and content a medical history and physical exam should be determined by the physician (with the patient's consent) acting in the patient's best interest. The resolution reminds physicians that when patients misinterpret the intent of the physical exam, the physician may find themselves accused of wrongdoing. The resolution also asked that MSMS aid physicians in educating the public that a physician, with the patient's consent and best interest at heart, is the best person to determine the extent and content of a medical history and physical exam.

Accusations of sexual misconduct stemming from the performance of a physical exam are not uncommon. In fact, they make up a significant percentage of the cases brought before the MSMS Judicial Commission, an independent body that reviews cases brought before it regarding ethical issues and the physician/patient relationship.

MSMS legal counsel, Richard D. Weber, advised that while the situation addressed by the resolution is a serious issue, it is not essentially a legal issue. Instead, it is an issue of common sense. Legal counsel recommends that Resolution 83-98A be amended to include language that suggests common sense steps to protect against false accusations of impropriety and "he/said, she/said" situations. Mr. Weber advised that adding such language does not constitute creating a malpractice standard of practice as this is not a treatment issue.

Based on legal counsel's advice the Board recommends that the first resolved of Resolution 83-98A be approved as written; a new second resolve be added; and the third resolved be amended.

The House approved the recommendation of the Reference Committee.

Board Action Report #7 - Resolution 106-98A, "Michigan Board of Medicine Compliance Conferences." Approved.

The Reference Committee on Public Health recommended approval of the following Recommendation of Board Action Report #7.

RECOMMENDATION: That this report be adopted in lieu of Resolution 106-98A, "Michigan Board of Medicine Compliance."

HOD Resolution 106-98A requested that:

•MSMS seek changes in the appropriate statute to require a prescreening of complaints by a physician designated by the Michigan Board of Medicine who specializes in the same specialty as the accused licensee prior to any compliance conference

• The pre-screening physician shall make a determination if a reasonable standard of care has been met, regardless of the results of previous civil litigation; and if the standard of care has not been met, then said reviewer shall render an opinion as to the degree and severity of such error

• The pre-screening physician's recommendation shall be forwarded to the Michigan Board of Medicine should the licensee exercise his/her rights and refuse the terms offered by the attorney general at a settlement conference.

The House referred the resolution to the Board of Directors for study and the Board subsequently forwarded it to the Committee on Medical Licensure and Discipline for study and recommendation.

The Committee discussed Resolution 106-98A at its February 10, 1999, meeting, and was joined by Mark R. Shebuski, MD, the introducer of the resolution. Doctor Shebuski explained that he is concerned that the allegation process does not ensure that the pre-screening process involves a physician of the appropriate medical specialty who is familiar with the regional medical standard of practice of the physician who has had a complaint filed against him or her. Doctor Shebuski is also concerned that the current allegation process does not acknowledge the rights that physicians should have during an allegation process.

The current full allegation process includes:

- Subpoena or request for medical records pertinent to allegation
- Review of medical records by allegations staff
- Review by MPRO physicians if necessary to determine if allegation is warranted
- If allegation believed to be warranted, the material is then reviewed by the Chair of the Board or his/her designee
- The Board Chair has seven days to authorize an investigation
- Investigation may proceed
- Compliance Conference convened if investigation yields such results

The resolution asks that MSMS seek legislation to remedy the situation. The Board recommends that MSMS first seek to ensure that the current allegation process is taking place. Legislation may not be necessary if the authorized process is implemented appropriately.

MSMS will convene a meeting with officials from the Michigan

Department of Consumer and Industry Services, Office of Health Services, to ensure that:

- •The appropriate process is followed for allegations made against physicians
- · Allegations are reviewed by physicians of the appropriate medical specialty, and who are familiar with the regional standard of care practice (considering such issues as the resources available in a particular region of the state)
- · A physician's full rights under the law are respected

The results of such a meeting will be reported to the MSMS membership.

In addition, MSMS legal counsel will publish an article in Michigan Medicine describing the appropriate process for allegations made against a physician and describing the rights of physicians who have had allegations filed against them.

The House approved the recommendation of the Reference Committee.

Board Action Report #8 - Resolution 108-98A, "Automatic Review of Physicians by the Michigan Board of Medicine." Approved.

The Reference Committee on Public Health recommended approval of the following Recommendation of Board Action Report #8.

RECOMMENDATION: That the following amended resolved of HOD Resolution 108-98A, "Automatic Review of Physicians by the Michigan Board of Medicine," be adopted.

RESOLVED: That MSMS seek legislation to change the threshold for automatic review of physicians by raising the total dollar settlement, as well as the limit on the number of cases within a five year period in which there is an award; and be it further

RESOLVED: That if raising the threshold for all physicians is not agreeable to the Michigan legislature, then MSMS shall seek to raise the threshold for specialties in high risk, professional liability classifications, and be it further

RESOLVED: That MSMS work with professional liability insurance companies in Michigan to determine an appropriate threshold to trigger an investigation of a physician's license.

The 1998 House of Delegates referred Resolution 108-98A to the MSMS Board of Directors for study. The Board subsequently assigned this resolution to the Committee on Medical Licensure and Discipline for study and recommendation. The Committee discussed Resolution 108-98A at its February 10 meeting, and was joined by Mark Shebuski, MD, the resolution's introducer.

Doctor Shebuski is concerned that the current threshold of an aggregate of \$200,000 or three malpractice cases is too low to trigger a Board of Medicine investigation of a physician. Currently, there are 173 cases pending as a result of the malpractice case threshold. Approximately 6-12 cases per month begin as a result of the malpractice case threshold.

The Licensure and Discipline Committee fully agreed that the professional liability case threshold is too low. While the Committee acknowledged that such legislation would be politically difficult to pass, they agreed that the current threshold is unrealistic.

The Committee believes that MSMS should work with the professional liability insurance companies in Michigan to determine an appropriate threshold to trigger an investigation of a physician's license prior to seeking such legislation. Once the appropriate threshold is determined. MSMS should pursue legislation to address this matter.

The Committee recommends that MSMS support HOD Resolution 108-98A as amended, and work with Michigan's professional liability insurance companies to determine the appropriate threshold to trigger an investigation of a physician by the Michigan Board of Medicine.

The MSMS Board of Directors concurs with the committee and recommends adoption of the amended resolveds.

The House approved the recommendation of the Reference Committee.

Board Action Report #9 - "Election Process for AMA Delegates and Alternates." Substitute Resolution (in lieu of Resolutions 28-99A, 76-99A, 108-99A and Board Action Report #9)

The Reference Committee on Constitution and Bylaws recommended adoption as amended of the following Recommendations of Board Action Report #9.

RECOMMENDATION ONE: That the allocation ratio of delegation seats between Wayne County and Outstate be eliminated.

RECOMMENDATION TWO: That the one slotted seat on the delegation currently shared on a rotating basis every two years between residents and students be retained.

RECOMMENDATION THREE: That Section 13.30, "Election of Delegates to American Medical Association," second paragraph be amended (changes are in **bold**) as follows on first reading:

Delegates and alternate delegates to the American Medical Association shall serve two-years terms. No more than one-half the delegates or the nearest number to one-half should there be an odd number to elect, shall be elected in any one year. A delegate may not serve more than six consecutive terms. There will be no term limits for alternate delegates.

The term limits for current delegates will begin when re-elected after the pertinent Bylaws changes are approved on second reading.

RECOMMENDATION FOUR: That beginning at the 2000 House of Delegates meeting, elections for AMA delegates and alternate delegates be held during the Saturday morning voting period, following nominations at the House on Friday evening during the Candidate Forum, and that the candidates with the plurality of the vote be declared the winners as outlines in Section 13.30 of the MSMS Bylaws.

RECOMMENDATION FIVE: That the Michigan Delegation to the AMA establish a liaison program with each component society to open up the lines of communication between the various regions of the state and the AMA, and to promote interaction between the delegation and the physicians they represent.

The House approved the recommendation of the Reference Committee.

Board Action Report #10 - "1998 Edition of MSMS Policy Manual." Approved.

The Reference Committee on Internal Affairs and Public Service recommended approval of the following Recommendation of Board Action Report #10.

RECOMMENDATION: That the 1998 Edition of the MSMS Policy Manual (attached) be approved.

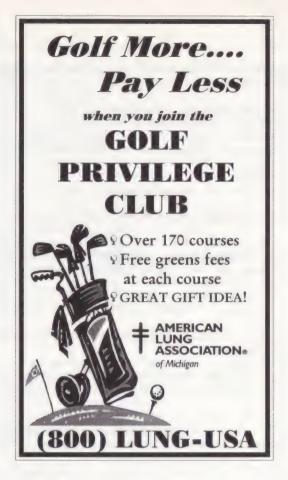
The House approved the recommendation of the Reference Committee.

Action Report to the Ways and Means Committee, "Officers' Special Expense Allowance."

The Reference Committee on Ways and Means recommended adoption of the following Recommendation.

RECOMMENDATION: That the Ways and Means Committee recommend to the 1999 House of Delegates approval of the following officers' special expense allowance: President \$35,000 (\$5,000 increase); President-Elect \$15,000 (no change); Immediate Past President \$15,000 (no change); Chair \$12,000 (\$2,000 increase); Treasurer \$5,000 (\$1,000 increase); Secretary \$2,500 (\$500 increase); and Speaker \$2,500 (\$500 increase).

The House approved the recommendation of the Reference Committee.





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Omero S. Iung, MD James H. Saker, MD

KALAMAZOO

Silvio Aladjem, MD Edward R. Carter, MD Ihsan Kent, MD Almon L. Schut, MD

KENT

David J. Horning, MD Jerome F. Mancewicz, MD

LENAWEE

Anthony H. Bartolo, MD

MACOMB

Miguel A. Arellano, MD Lacey Walke, MD

MIDLAND

Adelto N. Adan, MD NORTHERN MICHIGAN Richard A. Knecht, MD Yukio Umemori, MD

OAKLAND

David C. Gustafson, MD Sidney F. Katz, MD Douglas W. MacDonald, MD D. C. Niederluecke, MD Robert J. Schoenfeld, MD Clarence B. Vaughn, MD Marvin S. Weckstein, MD

Vincent Winkler-Prins, MD

SAGINAW

John E. Finger, MD

SHIAWASSEE

Robert W. Clifford, MD

WASHTENAW

Barry A. Breakey, MD William H. Graves, MD Costas Kleanthous, MD Frank N. Ritter, MD

WAYNE

Elie D. Aboulafia, MD

Agustin Arbulu, MD David Barsky, MD Eugene H. Boyle, MD Harold H. Brownell, MD George W. Gibson, DO Anatole C. Matulis, MD Maurice B. Potts, MD Hershel T. Sandberg, MD Robert A. Scherer, MD George J. Schmidt, MD Omer K. Sonbay, MD Harvey S. Stein, MD J. A. Subczynski, MD Mayer Subrin, MD

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diseases. To find new ways to stop the sadness, suffering and death - and give others the freedom of good health. To learn more about how you can leave a legacy for the future, call 1-800-AHA-USA1. Do it today.

American Heart Fighting Heart Disease and Stroke

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This type of gift allows you to increase your income, receive a charitable contribution deduction, avoid capital gains tax and support the MSMS Foundation. Among those options are charitable remainder trusts and charitable remainder unitrusts.

For assistance in establishing your legacy through the MSMS Foundation, please contact:

Judith E. Marr, Executive Director Phone: 517-337-1351

Fax: 517-337-2490 Email: jmarr@msms.org

MSMS Honors Physicians for Outstanding Achievements

National President Awards

Awards were presented to the following for their service as presidents of national medical organizations:

Douglas A. Mack, MD, Presi-

American Association of Public Health Physicians

William A. Conway, Jr., MD, President American Medical Group Association

Bryan P. Shumaker, MD, President

American Society for Laser Medicine and Surgery

Darrell A. Campbell, MD, President Midwest Surgical Association

David Fromm, MD, President Society for Surgery of the Alimentary Tract



David H. Gilbert, MD, (left) received this year's Plessner Award for best exemplifying the character of the rural family physician. Presenting the award was MSMS Board Chair Kenneth H. Musson, MD.

Flag Award

This award was presented to the following individual who has made numerous contributions to a non-medical organization:

John A. Richards, MSMS General Manager Subsidiary Operations, 4-H Foundation



Presidential Citation

This award, presented to physicians or lay persons who have made an outstanding contribution to medicine in the state, was presented to:

Michigan State Medical Society Alliance

Doctor Blight presents the Presidential Citation to MSMS Alliance President Lila Esfahani (right).

Frederick and Besse Moulton Plessner Award

This award is presented by the MSMS Board of Directors to a rural physician who "best exemplifies the practice of a rural county practitioner." This years recipient was: David H. Gilbert, MD, Mohawk, MI

50 Year Awards

Leonard C. Alexander, MD, West Bloomfield Richard J. Allen, MD, Ann Arbor Walter M. Anglin, MD, El Paso, TX Regine Aronow, MD, Santa Barbara, CA Raymond J. Ashare, MD, Bloomfield Hills Charles R. Bacon, MD, Bradenton, FL Gordon L. Bartek, MD, Grand Rapids Hans A. Beyer, MD, Longboat Key, FL George F. Boone, MD, San Diego, CA Robert G. Bridge, MD, Midland C. Arch Brown, MD, The Woodlands, TX Harry D. Bucalo, MD, Naples, FL Harriet A. Clarke, MD, Scottsdale, AZ Volna Clermont, MD, Detroit Emma J. Conklin, MD, Troy Vehbi M. Day, MD, Marietta, GA Mario D. Del Valle, MD, Troy Betty J. DeLawrence, MD, Lexington, KY Paul H. DeVries, MD, Lansing Fred C. Diekman, MD, Farmington Hills Gerald E. Duplar, MD, Dearborn Edward E. Elder, MD, Bloomfield Hills William K. Emery, MD, St. Joseph Patrick S. Ferazzi, MD, Battle Creek Joseph Friedlander, MD, Chicago, IL Marjorie R. Gagliardi, MD, La Plata, MD James W. Gell, MD, Bloomfield Hills Waldemar E. Gizynski, MD, Jackson Dorothy M. Goerner, MD, Southfield Jack E. Goodwin, MD, Frankenmuth Edward W. Green, MD, Detroit Michael A. Grishkoff, MD, Pompano Beach, FL Richard D. Hackley, MD, Clarkston Stuart W. Hamburger, MD, Franklin Louis E. Harrington, MD, Lansing

Vladimir A. Haszczyc, MD, Sterling Heights Charles R. Hennessy, MD, Charlevoix Louis F. Heyman, MD, Livonia Herbert M. Hiller, MD, Bloomfield Hills Walter L. Howland, MD, Bay City Robert H. Hydrick, MD, Grand Rapids Napoleon C. Imperio, MD, Dearborn Manuel Jacobs, MD, Bingham Farms Robert M. Jesson, MD, Muskegon Aran S. Johnson, MD, Wyoming Archibald V. Kane, MD, Troy Rachel B. Keith, MD, Detroit Seong Jeun Kim, MD, Ann Arbor Lubomira S. Kocur, MD, Lapeer Harry Koenig, MD, Ishpeming George H. Koepke, MD, Findlay, OH Lucille K. Kuchera, MD, Pinckney Carl R. Lahti, MD, Ontonagon Ira Leventer, MD, Dearborn Stanley H. Levy, MD, Southfield Channing T. Lipson, MD, West Bloomfield Thomas O. Lohr, MD, Arroyo Seco, NM Elliott D. Luby, MD, Bloomfield Hills Jack G. Lukens, MD, Grand Rapids Byron B. Lutes, MD, Freeland B. Carl Mahanti, MD, Sarasota, FL Vytautas Majauskas, MD, Tequesta, Fl Howard N. Manz, MD, Clarkston Philip M. Margolis, MD, Ann Arbor Richard S. McCaughey, MD, Royal Oak Adam C. McClay, MD, Traverse City Cornelius E. McCole, MD, Detroit James S. McGeehan, MD Owosso Donald C. McLean, MD, Highland Roger F. McNeill, MD, Grosse Pte. Farms Leonard W. Melander, MD, West Bloomfield Stanley M. Mesirow, MD, Benton Harbor Benjamin Mihay, MD, Dearborn Antonina Miller, MD, West Bloomfield Elba Molina Pung, MD, East Lansing Phillip J. Moore, MD, Owosso George W. Morley, MD, Ann Arbor Mehmet Nurettin Ozdaglar, MD, Bingham Farms



Medical school graduates of the 1949 class gather at the House of Delegates to receive 50-year pins.

Alvin J. Phelen, MD, Colleyville, TX Robert C. Prophater, MD, Bay City Frank W. Prust, MD, Sarasota, FL Robert H. Puite, MD, Grand Rapids James R. Quinn, MD, Bloomfield Hills Rafael E. Quinones, MD, St. Clair Shores William J. Regan, MD, Athens, Greece Elizabeth J. Rich, MD, Pedlar Mills, VA Philip A. Riley, MD, Clark Lake Warren J. Roberts, MD, Iron Mountain Ernest A. Rodin, MD, Sandy, UT Robert C. Rood, MD, Detroit Alexander N. Rota, MD, Bloomfield Hills Charles J. Ryan, MD, Naples, FL N. Schneider-Dice, MD, Grand Rapids Harry E. Schneiter, MD, Grand Rapids Ernest C. Schultz, MD, Bloomfield Hills Benjamin Schwimmer, MD, Livonia Armen Shekerjian, MD, Bloomfield Hills Arthur S. Shufro, MD, Southfield

Albert J. Silverman, MD, Ann Arbor Douglas H. Smith, MD, Detroit Abraham B. Solomon, MD, Lathrup Village Robert J. Solomon, MD, Grosse Isle Carlos M. Sosa, MD, Key Biscayne, FL Zwi Steiger, MD, Southfield Edward M. Stempel, MD, Huntington Woods Robert B. Stewart, MD, Portland, ME Ruth H. Strang, MD, Ann Arbor L. Carl Sultzman, MD, Grosse Pte. Farms Zia E. Taheri, MD, Boca Raton, FL Theodore G. Todoroff, MD, Lapeer George B. Ulmer, MD, Midland Howard L. Varney, MD, Flint Jean H. Webster, MD, Petoskey Fred W. Whitehouse, MD, Grosse Pointe I. Reimer Wolter, MD, Ann Arbor John R. Ylvisaker, MD, Clarkston Leonard S. Zubroff, MD, Southfield

Delegates' Record of Attendance

May 1-3, 1999

OFFICERS:	1.07	2nd	and	Kenneth A. Jordan, MD		_	_	Kenneth A. Fisher, MD	X	Х	X
OFFICERS.	100	7	3.0	Vivian M. Lewis, MD		X	X	Thomas M. George, MD			X
				Sudarsan Misra, MD	-	_		Joseph E. Kincaid, MD			
Speaker:				Venkat K. Rao, MD	X		X	David A. Milko, MD	-	-	
Dorothy M. Kahkonen, MD	X	X	X	Lawrence A. Reynolds, MD	-		-	Sunil Pasricha, MD	X	X	
				lagdish K. Shah, MD	_	X	-	Robert E. Rensch, MD	X	X	
/ice Speaker:									Λ	Λ	
Paul O. Fart, MD	X	X	X	Robert M. Soderstrom, MD			-	Dale E. Rowe, MD	-	-	-
				Allen F. Turcke, MD	X		X	John R. Trittschuh, MD		-	X
ecretary:				Virgilio Villarreal, MD	X	X	-	Ronald L. VanderLugt, MD			X
Thomas R. Berglund, MD	V	X	X	Harvey K. Yee, MD	-		-	Janice L. Werbinski, MD		X	
Homas R. Deigiund, MD	^	^	Λ	Abd A. Alghanem, MD	X	X	-	Gerald D. Karabin, MD		-	
				Pino D. Colone, MD	X		X	B. David Wilson, MD	X	X	X
DELEGAMEN AND ALMEDA	TAF	nn-c		Kalyani Misra, MD	X	X	-				
DELEGATES AND ALTERI	VAI	ES	•					KENT:			
				GOGEBIC:				John H. Beernink, MD	-	-	-
ALLEGAN:				Rudy W. Stefancik, MD	X	X	X	R. Paul Clodfelder, MD	X	X	X
Not Represented				italy in station, i.e.				Michelle M. Condon, MD		X	
voi represented				GRAND TRAVERSE-LEELANAU	L-RENZI	E.		Patrick J. Droste, MD		-	-
LPENA-ALCONA-PRESQUE ISLE				Robert E. Barnes, Jr., MD		X	v	Douglas A. Edema, MD			
						X			X	X	v
lichard D. Bates, MD	-	-	-	Joan M. Griner, MD				Paul O. Farr, MD			
I DRV				Edward J. Rutkowski, MD	-	X	v	Domenic R. Federico, MD			X
ARRY:				Richard C. Schultz, MD				Gregory J. Forzley, MD		X	X
David M. Woodliff, MD	X	X	X	Steven V. Thomas, MD	-	X	X	John H. Kopchick, MD	-	-	
								John R. Maurer, MD			X
AY:				GRATIOT:				Ann M. Minnema, MD		-	X
cott A. Baker, MD	-	-	-	Ashok R. Sonnad, MD	X	X	X	John P. Papp, Sr., MD	-	-	-
fark C. Komorowski, MD	-	-	-					Sarla Puri, MD	X	X	X
Carol L. van der Harst, MD	X	X	X	HILLSDALE:				Suresh Puri, MD		X	X
and an voice day reactify the	, .	, .		Not Represented		,	_	Robert C. Richard, MD			X
ERRIEN:				rot represented				Jack L. Romence, MD	X		
Michael Eggebrecht, DO		Х	v	HOUGHTON-BARAGA-KEWEI	-WAW			Paul G. Schutt, MD			X
homas D. Huntington, MD	_	X				X		Francis J. Verde, MD	X	7	Α.
0 ,	-			Mark R. Shebuski, MD	Λ	Λ	-				X
David A. Puzycki, MD	X		X	IIIIONI				David D. Verdier, MD	-		
Pennis C. Szymanski, MD	A	X	A	HURON:	37	37	3.7	Kathleen J. Yost, MD	-	-	· V
				James C. Greenfield, DO	X	X	X	Lee P. Begrow, DO	-		X
RANCH:								Judith A. Hiemenga, MD	-		X
obin I. Goodfellow, MD	X	X	X	INGHAM:				Richard A. Ilka, MD		X	
				Glen N. Ackerman, MD	-	-	-	Khan J. Nedd, MD	-		X
ALHOUN:				John R. Addy, MD		X		Michael D. Olgren, MD	X	X	X
ose R. Ayala, MD	X	X	X	Don G. Davis, MD	X	X	X	Rose M. Ramirez, MD	-		X
ohn G. Bizon, MD	X	-	-	Julie A. Dodds, MD			-	John Rupke, MD	X	X	X
ames G. Dobbins, MD	_	-	-	Omero S. Iung, MD	X	X	X	Mark E. Sheldon, MD		-	X
lobert W. Oakes, MD	X	X	X	David K. Johnson, MD		-	X	Angela R. Tiberio, MD	X	X	X
tephen L. Smiley, MD	X		X	Brian R. McCardel, MD		_		1 118-11 11 11-11-11			
teven C. Yuill, MD		X		Mohammad Mohsenian, MD	X			LAPEER:			
leven C. Iunii, MD	Λ	1	Λ			X		Selimul Haque, MD	X	-	
ACC.				Dawn E. Springer, MD				Seliniui Haque, MD	Λ	-	-
ASS:				Phillip B. Storm, MD		-	-				
oonchoo Chang, MD	-	-	-	Gregory L. Walker, MD	*	-	-	LENAWEE:			
								Inad Haddad, MD	X	X	X
HIPPEWA-MACKINAC:				IONIA-MONTCALM:				Steven A. Sherman, MD	-	-	-
dward N. Johnson, MD	X	X	-	Doyle E. Calley, MD	X	X	-				
								LIVINGSTON:			
LINTON:				IOSCO-ARENAC:				Thomas F. Higby, MD	,	-	_
ot Represented		,	-	Surya N. Sankaran, MD	,	_	X				
or represented				out, a troutilitain, trib				LUCE:			
ELTA:				ISABELLA-CLARE:				Not Represented			
onald H. Bissett, MD	v	X	v	Not Represented				140t Represented			
onaid 11. bissett, MD	Λ	Λ	Λ	Not Represented	-	-		MACOMB:			
ICKINICAN IDAN				IACKCON					V/	3.7	37
ICKINSON-IRON:	3.1	2.5		JACKSON:			3.7	Gerald G. Brueckner, MD	X		X
ijay Singh, MD	X	Χ	-	Richard M. Byler, MD	*	X	X	Bruce E. Carl, MD	X	X	
				Walter G. Korytowsky, MD	-	X	X	Adrian J. Christie, MD	-	X	
ATON:				Moses Muzquiz, MD	X	X	X	Juan-Carlos DiMusto, MD	X	X	X
ory V. Deason, MD	-	-	-	Matt T. Rosenberg, MD		-		Lawrence F. Handler, MD	-	-	-
				Michael A. Chames, MD	-	X	X	Paul R. Kipp, MD	-	X	X
GENESEE:				Mario Hurtado, MD		X		Earl G. Moehn, MD			-
Aichael C. Boucree, MD		-	X		, ,			Ruth A. Rydstedt, MD	X	X	X
			4.3					racti / i. rydotedt, wil			
	V			KALAMAZOO:				Milton E Simmons MD	Y	Y	Y
Ali A. Esfahani, MD Edwin H. Gullekson, MD	X	X		KALAMAZOO: Owen M. Berow, MD	v	Х	v	Milton F. Simmons, MD Akemi Takekoshi, MD	X	X	X

ATTENDANCE

Scot F. Goldberg, MD		X		George B. Moser, MD	· v	-	v	Robert L. Bree, MD	v	3.7	
Manouchehr Nikpour, MD	X	-	*	Peter T. Muller, MD	X	í.	X	Allan C. D. Brown, MD	X		
MANUCTEE				Steven E. Newman, MD	X	X		James P. Byrne, Jr., MD	X		
MANISTEE:		3.7		Peggyann Nowak, MD	X		X	Manfred Marcus, MD			
Donald N. Schwing, MD	-	X	X	Renato Ramos, MD	X	X	X	Michael A. Masini, MD	-		
MADOUETTE ALOED				Jerome F. Rose, MD	-	-	-	John M. O'Brien, MD			
MARQUETTE-ALGER:			3.7	Mary Elizabeth Roth, MD			-	Michael W. Smith, MD	X		
Cheryl Davison, MD			X	Raouf R. Seifeldin, MD	X	X	X	L. Paul Sonda, III, MD	-		
John W. English, MD		X		Colleen A. Sheehan, MD	X			Barbara A. Threatt, MD			
Carl F. Hammerstrom, MD	X	X	X	Ghalib Y. Talia, MD	-	-	-	Carl Van Appledorn, MD	-	-	
				Bharat M. Tolia, MD	-	-	-	Scott W. Woods, MD		-	
MASON:				Sherry L. Viola, MD	-	-	*	Philip M. Margolis, MD	X		
Richard S. York, MD	-	-	-	Gertraud Wollschlaeger, MD	-	-		Edward R. Powsner, MD	X	Χ	
				Ashok Gupta, MD	X	X	X	Mary H. Westhoff, MD	X		
MECOSTA-OSCEOLA-LAKE:				Garfield Johnson, MD	X	X					
David C. Nolan, MD	-	-	-					WAYNE:			
				OCEANA:				Gerald J. Aben, MD	X		
MENOMINEE:				Steven R. Lessens, MD		_		Anthony A. Adeleye, MD	-		
Not Represented		_	_					Susan H. Adelman, MD	X		
				ONTONAGON:				Lourdes V. Andaya, MD	X		
MIDLAND:				Steven N. Gervae, MD				Donald C. Austin, MD	-		
David E. Randolph, MD	X	X	X	2000				Delores F. Baker, MD	X		
	/1	11	71	OTTAWA:				Firooz Banooni, MD	X		
MONROE:				William D. Doebler, MD	ν.	X	Υ.	Edmund M. Barbour, MD			
Kenneth J. McNamee, MD	V	-		Donald E. Sikkema, MD		. \		Joseph M. Beals, MD	X		
S. R. Nair, MD		X							^		
S. R. Nair, MD	Λ.	Λ	Λ	William L. Vander Vliet, MD		-		Gordon Beute, MD			
MUSIKEGONI				Fernando C. Gomez, MD	X	-	λ	Gilbert B. Bluhm, MD	X		
MUSKEGON:				CACINIAN				Robert G. Borchak, MD	X		
Frederick B. Brown, MD	-		* * * * * * * * * * * * * * * * * * * *	SAGINAW:				Alvin L. Bowles, MD	-		
Stephen E. Fisher, MD		-	X	Waheed Akbar, MD		-	-	Michael J. Brennan, MD	X		
Douglas Hoch, MD	-	X		Edgar P. Balcueva, MD		X		Kenneth A. Brown, MD	-		
Richard W. Peters, MD	-	-		Stephen A. Morris, MD	X	X	X	Matthew L. Burman, MD	X		
Joseph A. Salisz, MD		-		Charles E. Mueller, MD	X	X		Arthur M. Clark, MD	X	X	
F. Remington Sprague, MD		X	X	Jacob E. Ninan, MD		X	X	Leon A. Crumley, MD	-	-	
				Conchita D. Riparip, MD	X	X	X	Martin H. Daitch, MD	X	X	
NEWAYGO:				Caroline G. M. Scott, MD	X	X	X	F. Thomas Day, MD		,	
James D. Webb, MD		X	X	Bala Srivivasan, MD	X	X	X	Allan E. Dobzyniak, MD			
·				Roger N. Kahn, MD		X		Henry M. Domzalski, MD		X	
NORTH CENTRAL:								Chandra M. Edwin, MD			
William H. McNamara, MD	_	X	X	ST. CLAIR:				Samuel J. Edwin, MD			
				Timothy B. Aiken, MD		_		Jose L. Evangelista, MD	X		
NORTHERN MICHIGAN:				Samir Alsawah, MD	,			Riad N. Farah, MD		-	
C. Robert Charles, MD	Y	Χ	Y	Jere Baldwin, MD		X		Frederick W. Fitzpatrick, MD	X		
Bruce G. Deckinga, MD		X		Timothy C. Cox, MD		X		Alma R. George, MD	X		
Roger A. Potter, MD		X		Bassam H. Nasr, MD			X	Herman B. Gray, MD	Λ .		
		X		Dassaill 11. Nasi, MD	_	Λ	^				
Louis R. Zako, MD	Λ	Λ	Λ	ST. JOSEPH:				Reginald W. Harnett, MD	X	V	
CAKLAND						1.1		William A. Harrity, MD			
OAKLAND:	3.7	3.7	3.7	Douglas L. Colberg, MD	-	X	-	George C. Hill, MD		-	
Jaime V. Aragones, MD		X						Melvin L. Hollowell, MD	X		
Joseph A. Arena, Jr., MD		X		SANILAC:				Anne-Mare Ice, MD	X		
Edward E. Barton, MD	-	-	-	Levi L. Guerrero, MD	X	X	X	Samuel D. Indenbaum, MD	2	X	
Carolyn W. Bird, MD		X	X					Jitinder K. Jain, MD		-	
George L. Blum, MD		X	-	SCHOOLCRAFT:				Kathryn Moseley-Jordan, MD	-		
Edward M. Cohn, MD	X	X	X	Not Represented		-		James E. Kackley, MD	-	X	
Nitin C. Doshi, MD	-	-	-					Ali Kafi, MD	-		
A. Bradley Eisenbrey, MD	-	-	-	SHIAWASSEE:				Dorothy M. Kahkonen, MD	X		
Richard S. Frank, MD	-	-	X	Timothy D. Oliver, MD	X	X	X	George M. Kazzi, MD		_	
George R. Gerber, MD	-			,				Michael Kleerekoper, MD		X	
Robert S. Goldfarb, MD		,		TUSCOLA:				Barbara A. Lucas, MD		,	
James D. Grant, MD	X	X		Afonso C. Ferreira, MD	X	X	X	Ghaus M. Malik, MD	X		
Harvey W. Halberstadt, MD	X	X						Herbert L. Malinoff, MD		21	
Seymour Krevsky, MD		X		VAN BUREN:				Federico G. Mariona, MD	X		
Kamalesh Lahiri, MD	X		X	Bradley D. Bastow, DO	Y	X		H. Michael Marsh, MBBS, MD	X		
· · · · · · · · · · · · · · · · · · ·	X			Dradicy D. Dastow, DO	Λ	Λ	-			1	
Bruce T. Lessien, MD			-	WASHTENIAW				Alez Q. Mataverde, MD		-	
Kenneth J. Levin, MD	X	-	-	WASHTENAW:				Richard Menczer, MD	V	v	
Murray B. Levin, MD	37			Tama D. Abel, MD			-	George E. Metropoulos, MD	X		
Robert S. Levine, MD Thomas Mathew, MD	X		X	John E. Billi, MD		-		Kamran G. Moghissi, MD	X		
	X		-	Lynn W. Blunt, MD	V	X	X	Kenneth K. Newton, MD	X	X	

ATTENDANCE

Hanna Obertynski, MD	-	-		SECTION FOR INTERNATIONAL MEDICAL MI SOCIETY OF PATHOLOGISTS:		
Kevin M. O'Brien, MD	-	-	-	GRADUATES: Donald R. Peven, MD	-	-
Joseph R. Oldford, MD	-	-	-	Michael L. Gambel, MD X X X	O.E.	
Sol D. Pickard, MD	37	-	-	MI CHAPTER - AMERICAN ACADEMY	Ur	
P. Prasad, MD		X		SPECIALTY SOCIETY PEDIATRICS:	37	v
Russel F. Proud, MD				ORGANIZATIONS: Gary K. Johnson, MPH, MD X	Λ	Λ
Sonia A. Ramirez, MD		X				
Dhanwade Rao, MD		-		MI CHAPTER - AMERICAN COLLEGE O	7	
Foster K. Redding, MD		-		MI ALLERGY AND ASTHMA SOCIETY: PHYSICIANS		
Daniel J. Reddy, MD		-		James H. Saker, MD X X X Howard S. Goldberg, MD	-	-
Elizabeth L. Schmitt, MD		X				
Narinder K. Sherma, MD		X		MI SOCIETY OF ANESTHESIOLOGISTS: MI ACADEMY OF PHYSICAL MEDICINE	E &	
Orlando S. Sison, MD		X		David M. Krhovsky, MD - X X REHABILITATION:		
Richard E. Smith, MD		-		Steven R. Hinderer, MD	-	-
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Financial Condition of the Society

Michigan State Medical Society financial condition is strong and robust. On November 30, 1998, Michigan State Medical Society successfully completed eight years without a dues increase. MSMS finished the year with \$148,910 deficit, representing 19 percent savings over the projected deficit of \$177,675. From 1991, when dues were increased to \$440, to 1998, MSMS has accumulated a surplus of \$369,379. The Capital Reserve Fund, Creative Reserve Fund and Gifts and Endowments Funds have combined investments of more than \$2.9 million.

In 1998, the Ways and Means Committee, after an in-depth review of MSMS financial position, made a formal recommendation to increase membership due to \$530. The House of Delegates, committed to maintaining MSMS' level of excellence, approved the \$90 increase that became effective in 1999.

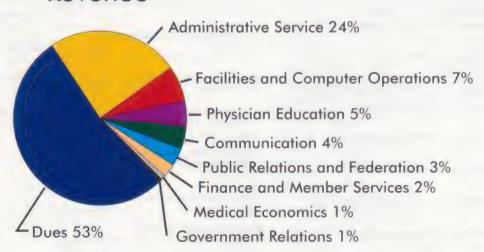
Not only has MSMS held dues to \$440 since 1990, but also a Dues Reserve Fund was created MSMS Treasurer, Billy Ben Baumann MD,

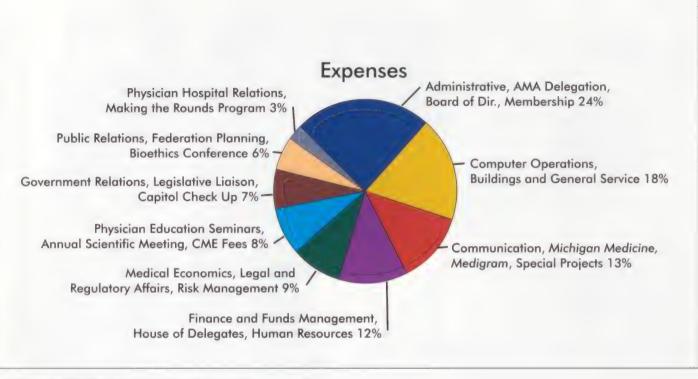
to help minimize future dues increases. As of February 28, 1999, the market value of the Dues Reserve Fund was \$347,920.

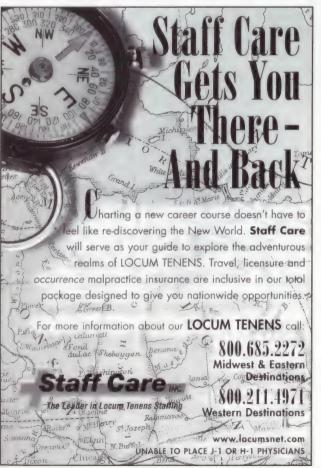
MSMS continues to develop new sources of non-dues revenue. In fiscal year 1988, non-dues revenue was \$1,486,000 or 33 percent of the Operating Fund Budget. In fiscal year 1998, non-dues revenue reached the level of \$3,301,517 or 47 percent of the Operating Fund Budget. In 1997, the IRS amended its regulations regarding associations and their subsidiaries. Because of this change MSMS lost the benefits enjoyed since 1991 of tax-free rents, royalties and interest received from its subsidiaries.

Expenses have increased a modest 4.9 percent per annum for 1991-1998. The Treasurer, the Finance Committee and the Ways and Means Committee have worked together to hold expenses at the lowest possible level and still provide the MSMS membership with maximum services.

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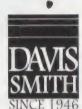


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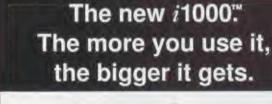
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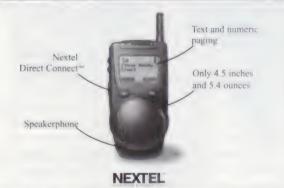
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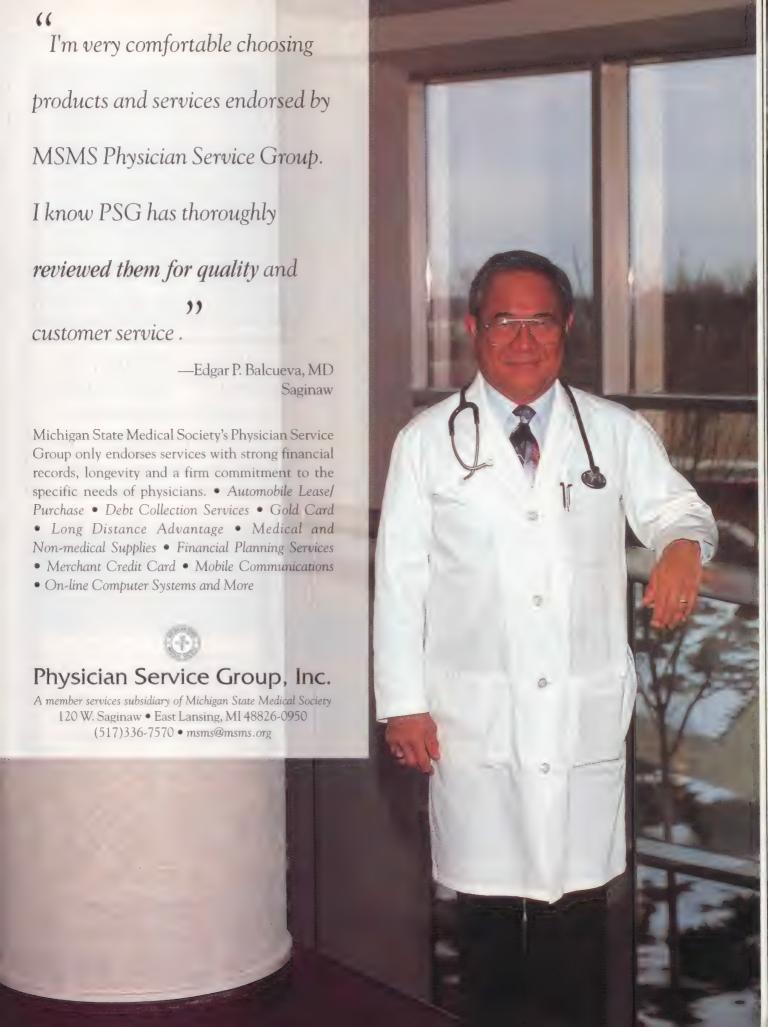
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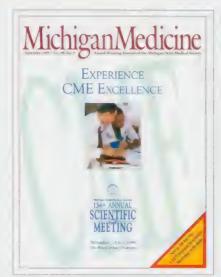
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COVER STORY



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134th Annual Scientific Meeting: Choices, Education, Stimulation, Curiosity, Convenience, Networking, Quality, Technology, and Exhibits

Reaching new heights in the final year of the millennium, the 134th MSMS Annual Scientific Meeting (ASM) features cutting-edge medical education programs, a world-renowned physician speaker, special events, and an informative array of vendor exhibits. Physicians may choose from an interesting mix of 37 continuing medical education (CME) programs chosen to meet the needs of both primary care physicians and specialists.

By Gregory Brusstar

FEATURES

SPECIAL FEATURE

"Live & Then Give" Campaign Targets MSMS Members

MSMS initiative seeks to boost awareness and action among the people who can make the greatest difference in sharing the gift of life—Michigan's physicians. By Ralph D. Ward

SECTION NEWS

Resident Section Provides Forum, Education

Membership in the MSMS Resident Physician Section (MSMS-RPS) provides a forum for sharing ideas with resident colleagues, learning about health care outside the clinical setting, developing leadership skills, and influencing state and national policy by joining forces with other residents. By Biren A. Shah, MD

BIOETHICS UPDATE

A Time for Change: Ethics Conference Encourages Physicians to Consider Character, Integrity

24

During the 3rd Annual MSMS Mackinac Island Conference on Bioethics physicians and health care scholars from around the country will gather to reflect on the essence of integrity and ethics in medicine. By Ahmad Abdul-Qadir

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The mission of the Michigan State Medical Society is to promote a health care environment which supports physicians in caring for and enhancing the health of Michigan citizens through science, quality, and ethics in the practice of medicine.

FEATURES

SPECIAL FEATURE

Profile in Partnership: MSMS Executives Accorded **Highest AMA Honor**

MSMS Executive Director William E. Madigan and Managing Director Kevin A. Kelly recently received the AMA's prestigious Medical Executive Achievement Award.

By Claudia Skutar

SPECIAL FEATURE

Shattering the Glass Ceiling: Leadership, Involvement Enable Women Physicians to Overcome Obstacles and Succeed

September marks National Women in Medicine month. Michigan Medicine presents the stories of women physicians reflecting on their historical progression through the halls of medicine. By Kathleen Farrell

LEGISLATIVE PROFILE

Senate Hopeful, Staunch Health Care Advocate: U.S. Rep. Debbie Stabenow

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As the U.S. Congress continues to do battle over a number of health care issues, ranging from managed care reform to the allocation of research funds, it is imperative that Michigan physicians maintain strong representation in Washington.

By Nicole Thompson

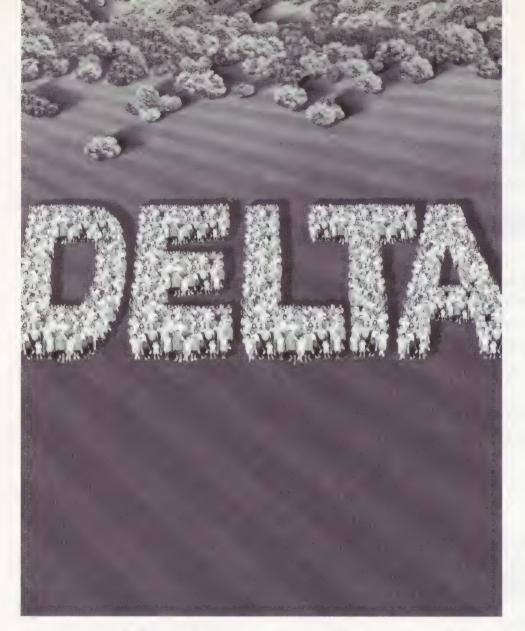
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The Michigan State Medical Society Committee on Publications is the editorial board of Michigan Medicine and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

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Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. It is published on a monthly basis. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, \$100.00 (includes weekly Medigram newsletter); single copies, \$5.00. Printed in USA. All communications relative to articles, news, exchanges and classified advertising should be addressed to Kristen Lare, advertising to Judy Hudson, and address changes to Janet Button, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351. POSTMASTER: Send address changes to Michigan Medicine, P.O. Box 950, East Lansing, MI 48826-0950

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"Live & Then Give"

Become an Organ or Tissue Donor

By Ralph D. Ward

The lifesaving potential of organ donation for transplant has become an established part of public thinking on health care. In 1998 alone, over 20,000 Americans—55 every day—had their lives either saved or greatly improved by receiving a transplanted heart, lung, kidney, liver, cornea, or other donated tissue.

to be organ donors" says Doctor Krishna Sawhney, MSMS president and spark plug behind the Society's participation in the effort. "Each physician in Michigan should set an example by first, living their life to the fullest, and second, arranging to share their organs with others when that life is over."

"People look up to physicians, and their willingness to donate would carry a lot of weight."

-Martha Vincent

The medical benefits of organ donation are huge. Ideally, one organ and tissue donor can help up to 50 people through wise use of the tissue made available. And, although donation procedures are often complex and costly, they can save vital health care dollars for society and individuals by curing long-term, chronic conditions.

Yet lack of organ donors continues to hobble the enormous amount of good donation programs could offer. One reason—to be viable for transplant, most tissue must be removed almost instantly after a donor dies, and some preparation for use of the tissue must be made in advance. In the real world of health care, this means that only people who have fatal injuries or illnesses and are being maintained on life support qualify as practical donors. Only about 12,000 deaths nationwide meet this standard each year. Among these, only a small number of people have made advance donor plans, informed family members, and are attended by medical staff sensitive to donation needs.

The latter concern is the focus of a new MSMS initiative that seeks to boost awareness and action among the people who can make the greatest difference in sharing the gift of life—Michigan's physicians. The new "Live & Then Give" campaign is part of a nationwide effort to remind physicians of their front-line status in increasing the number of organ donors—starting with the physicians themselves.

"Physicians must take the lead in signing up

MSMS' Organ Donation Campaign

The "Live & Then Give" campaign began in Texas several years ago, launched in memory of a state physician who died from a chronic illness. The health problem was treatable, but lack of a suitable organ donor led to the physician's death. The campaign was picked up by the Texas Medical Association, and proved highly successful in encouraging state physicians to sign organ donor cards. "The number of physicians involved in Texas was very significant" says Sawhney. "In some counties, every physician signed up."

For 1999, the American Medical Association has taken the effort nationwide, and Doctor Sawhney is determined that Michigan's physicians be national leaders in improving organ donation levels. "Physicians need to set an example for their patients and staffs. While currently there are no statistics on how many Michigan doctors have signed organ donor cards, we know that nationally the numbers are very poor." This embarrassing response among physicians has as many causes as among the population at large. "We believe it's just a matter of physicians not being asked, and not thinking about the issue personally. It's the same reason that physicians are reluctant to go to another physician for an examination."

The "Live & Then Give" project aims to change all that. "We will be reaching out to members, as well as the specialty societies, the physicians' families and their staffs. We hope to To be an effective advocate for organ donation, physicians should remember several tips:

- Approach the topic of organ donation with patients carefully and thoughtfully. Obviously, it helps if the physician can tell the patient that he or she has elected to be an organ donor upon his or her own death
- Mention media coverage of the issue, such as news of transplant successes, TV dramas, or deaths due to a lack of donors
- Tie into the patient's own interests in charity, community causes, friend or family health problems, or health care costs
- Build organ donation options into your standard patient information forms, records or survey sheets. Finding out the patient's organ donor status should be part of your office standard operating procedure
- Choose a non-crisis office visit to mention

- the subject. Patients are most likely to consider donation when they are healthy, calm, and not distracted
- Determine the patient's mood. If the patient is stressed or hostile to the idea, don't push the matter
- Play up the positives. Organ donation is one of the most remarkable medical achievements of our time—but works only if people are willing to donate
- Be simple and direct. Avoid complex clinical jargon
- Have organ donor cards available, and offer them to patients. Provide literature on organ donation as well, plus contact information for local organ donation organizations

Contact Nate Pilon at MSMS at (517) 336-5707 or npilon@msms.org.

sign up literally *all* of our members." This "leading by example" should nurture a number of positive results. Certainly, by signing donation cards, Michigan physicians, their families, and patients increase the pool of potential donors. However, in their role as community leaders and spokespersons on health care, physicians can also increase the visibility and urgency of the issue.

The Problem and the Solution

Perhaps the most immediate payoff of the MSMS "Live & Then Give" campaign will be physicians' greater awareness of the role they can personally play in the organ donation process. While polls find 80 percent of Americans are willing to donate organs, the small number who actually give suggests that the donation option is not being presented effectively.

By making awareness of organ donation a fundamental part of office procedure, physicians will make a real contribution to meeting the need for donor organs.

Meeting this growing need is essential, and some cases bring the issue home painfully to our state's physician community. Charles Vincent, MD, a highly respected Detroit area Ob-Gyn, faced a long struggle with kidney disease, recalls his widow, Martha Vincent. "He

was on dialysis for eight years, but about four years into it, had the opportunity for a transplant." However, the limited number of transplantable organs available compelled the use of a less than ideal tissue match. "It just didn't work. I think this underscores the importance of having a very close match." Doctor Vincent continued with dialysis for several more years, but died in July of 1995. Mrs. Vincent strongly supports the new "Live & Then Give" campaign based on her own experience. "I think this is very admirable. People look up to physicians, and their willingness to donate would carry a lot of weight." Ironically, Doctor Vincent's death offered "living" proof of this point. "We were able to make several

donations upon his death—and the procedures were very successful."

The author is a Riverdale-based freelance writer.

"Each physician in Michigan should set an example by first, living their life to the fullest, and second, arranging to share their organs with others when that life is over."

—Krishna Sawhney,
MD, MSMS president

Live and Then Give

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Medical Journal Articles and the Copyright Laws

By Richard D. Weber, JD MSMS Legal Counsel



Question: I sometimes make copies of medical journal articles to give to colleagues. I have been told that I may be breaking the copyright laws. Some of the articles have copyright notices and some do not. Can you explain this area of the law?

Answer: My Partner, Robert Pineau, has expertise in this area of the law. He has provided the following answer.

The United States Copyright Act (the "Act") grants to copyright owners certain exclusive rights. These rights include the right to make and distribute copies of the copyrighted work. These rights extend to the manner in which an idea is expressed but not to the idea itself. Thus, while it is possible to copyright a book about playing the piano, it is not possible to copyright the idea of playing the piano.

A copyright owner is the author who creates the work. Pursuant to the "work made for hire" doctrine, where an employee-author creates a work as part of his/her employment, the employer, not the employee, will be the copyright owner. The work made for hire doctrine is not applicable to independent contractors. Copyright ownership is a property right, which can be assigned or licensed.

The Act provides that any "copyrightable" work becomes copyrighted immediately upon being fixed in a tangible medium. The manner of fixing can be by writing,

photograph, video, sound recording or electronically. The familiar copyright notice (for example, "© 1999, Michigan State Medical Society") is not required to create and protect the copyright. The notice does, however, provide important procedural rights if infringement litigation ensues.

To be copyrightable, the work must be an original work. The degree of originality required is very slight. Such things as forms, common phrases and the like, are typically not copyrightable because of a lack of originality. Articles such as medical journal articles will likely satisfy the originality requirement for a copyright.

There are exceptions to the exclusive rights of the copyright owner. One of the important exceptions is known as the "fair use defense." Section 107 of the Act allows persons other than the copyright owner to make fair use of copyrighted works. To be a fair use the copying must be for certain statutorily defined purposes. These categories of permitted purposes have been strictly construed. A use may be a fair use if the purpose is for criticism, comment, news reporting, teaching,

scholarship or research. Even if the use fits within one of the permitted categories, the Act requires a balancing of four additional factors: (1) The purpose and character of the use, including whether such use is of a commercial nature or is for non-profit educational purposes; (2) The nature of the copyrighted work; (3) The amount and substantiality of the portion used in relation to the copyrighted work as a whole; and (4) The effect of the use upon the potential market value of the copyrighted work.

Each case involving the fair use defense must be evaluated in light of its particular facts. Typically, where the purpose and character of the copying is of a direct commercial nature, such as the sale of copied articles, it is unlikely to be a fair use. Indirect commercial use, such as copying research articles for internal use to make a better product, will more likely satisfy the four fair use factors. Where the nature of the copyrighted work is more factual/technical than literary/entertainment, for example, the use is more likely to be a fair use. Copying selected portions of the copyrighted work, rather than the entire article,

Editor's note: If you have legal questions you would like answered by MSMS legal counsel in this column, jot them down and send them to Kristen Lare, managing editor, P.O. Box 950, East Lansing, MI 48826-0950.

would tend to favor a finding of fair use.

In a case involving the University of Michigan, Princeton University Press v. Michigan Document Services, a divided Sixth Circuit Court of Appeals held that a commercial photocopy shop violated the copyright laws by collecting scholarly articles into a "coursepack" which were copied and sold to students. Key factors in the Court's decision were that the coursepacks were sold for profit and large portions of each individual article were copied. Despite being copied for a permitted purpose, teaching, the copying of the coursepacks failed

to meet the other factors.

In a case which relates more closely to your question, American Geophysical Union v. Texaco, Inc., the Second Circuit Court of Appeals held that the fair use criteria were not met by a scientist who photocopied articles from a scientific journal which he then placed in his personal research files. Texaco subscribed to three copies of the scientific journal and circulated those copies among its numerous scientific researchers. The scientist, who did not have his own subscription, copied selected articles for future reference. After balancing the four fair use factors, the Court held

that the copying was not permitted as a fair use of the original articles.

Based on these and other cases, it appears that copying medical journal articles for distribution to others would not likely be held to be a fair use of the copyrighted article. The exclusive rights of the copyright owner, however, would not prevent the distribution of the original article to your colleagues. The permission of the copyright owner is only necessary to make additional photocopies of the article for distribution.

The author is senior partner with Kerr, Russell, and Weber, Detroit, USA

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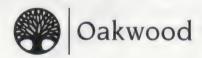


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Michigan Medicine carries a list each month of opportunities in Michigan for doctors to obtain Category I credits toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least four hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters at (517) 337-1351.

October

1-2, Asthma and the Athlete. Location: Ypsilanti Marriot, Ypsilanti, MI. Contact: Joyce Robertson, Registrar, Department of Medical Education, P.O. Box 1157, Ann Arbor, MI 48106-1157; (734) 763-1400; (800) 800-0666 or fax (734) 936-1641. Approved for: 7.5 Category I credits.

4-5, Update on Pulmonary and Critical Care Medicine. Location: Towsley Center, Ann Arbor, Michigan. Contact: Joyce Robertson, Registrar, Department of Medical Education, P.O. Box 1157, Ann Arbor, MI 48106-1157; (734) 763-1400; (800) 800-0666; or fax (734) 936-1641. Approved for: 14.5 Category I credits.

8-9, Complementary Therapies in Clinical Practice: Evidence-Based Approach. Location: Towsley Center, Ann Arbor, MI. Contact: Joyce Robertson, Registrar, Department of Medical Education, P.O. Box 1157, Ann Arbor, MI 48106-1157; (734) 763-1400; (800) 800-0666; or fax (734) 936-1641. Approved for: 10 Category I credits.

14-16, Annual Michigan Radiological Society Meeting Fall Weekend Seminar. Location: Soaring Eagle, Mount Pleasant, MI. Contact: Joyce Robertson, Registrar, Department of Medical Education, P.O. Box 1157, Ann Arbor, MI 48106-1157; (734) 763-1400; (800) 800-0666; or fax (734) 936-1641. Ap**proved for:** 13 Category I credits.

15-17, Issues in Women's Health. Location: Marriot Marquis, New York, NY. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; (303) 798-9682; or fax (303) 798-5731. Approved for: 11 Category I credits.

20, Measuring Treatment Outcomes in Women's Mental Health. Location: University of Michigan, Auditorium I, School of Public Health, Ann Arbor, MI. Contact: University of Michigan, School of Public Health; (734) 936-1217. Approved for: 12 Category I credits (2 credits per session).

21-23, Dermatology for the Non-Dermatologist. Location: Hyatt Regency, Cancun, Mexico. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; (303) 798-9682; or fax (303) 798-5731. Approved for: 11 Category I credits.

22, Blood Marrow Transplanting: Immunotherapy in the 21st Century. Location: Towsley Center, Ann Arbor, MI 48106-1157. Contact: Joyce Robertson, Registrar, Department of Medical Education, P.O. Box 1157, Ann Arbor, MI 48106-1157; (734) 763-1400; (800) 800-0666; or fax (734) 936-1641. Approved for: 6 Category I credits.

22-24, Clinical Endocrinology for Primary Care Physicians. Location: Tropicana, Las Vegas, NV. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; (303) 798-9682; or fax (303) 798-5731. Approved for: 11 Category I credits.

23-24, Coronary Heart Disease Update. Location: The Swan, Orlando, FL. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; (303) 798-9682; or fax (303) 798-5731. Approved for: 11 Category I credits.

27, Care of the Terminally Ill Patient. Location: Towsley Center, Ann Arbor, MI. Contact: Joyce Robertson, Registrar, Department of Education, P.O. Box 1157, Ann Arbor, MI. 48106-1157; (800) 800-0666; or fax (734) 936-1641. Approved: 6 Category I credits.

28-30, Managing Respiratory Diseases. Location: Grand Beach Resort, St. Thomas, USVI. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; (303) 798-9682; or fax (303) 798-5731. Approved for: 11 Category I credits.

29-31, Neurology for the Non-Neurologist. Location: The Phoenician, Scottsdale, AZ. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; (303) 798-9682; or fax (303) 798-5731. Approved for: 11 Category I credits.

31-November 5, Advances in Diagnostic Radiology & Advanced Radiology Life Support Course. Location: Loews Ventana Canyon Resort, Tucson, Arizona. Contact: Mayo School of Continuing Medical Education, Postgraduate Courses, 200 First Street SW, Rochester, MN 55905; (800) 323-2688; or fax (507) 284-0532. Approved for: 29.5 Category I credits.

November

- 3, Perinatal Network Conference XV. Location: Fetzer Center, Western Michigan University. Contact: Wendy Finsterwald-Watts, RNC; (616) 341-6232. Approved for: 6 Category I credits.
- 4-6, Dermatology for the Non-Dermatologist. Location: Hyatt Regency, Aruba. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. Approved for: 11 Category I credits.
- 5-7, Managing Respiratory Diseases. Location: Charleston Place, Charleston, SC. Contact: Linda Main, Meetings Coordinator, Medi-

cal Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved:** 11 Category I credits.

11-12, Advances in Psychiatry XI. Location: Towsley Center, Ann Arbor, MI. Contact: Joyce Robertson, Registrar, Department of Medical Education, P.O. Box 1157, Ann Arbor, MI. 48106-1157; (800) 800-0666; or fax (734) 936-1641. Approved: 12 Category I credits.

12, Women's Health Conference. Location: Radisson, Kalamazoo, MI. Contact: MSU/KCMS CME Department; (616) 337-4611. Approved: 7 Category I credits.

12-14, Issues in Women's Health. Location: Boca Raton Resort, Boca Raton, FL. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. Approved: 11 Category I credits.

17, Multidisciplinary Women's Health Programs and Quality of Care. Location: Auditorium I, School of Public Health, School of Public Health, University of Michigan, Ann Arbor, MI. Contact: University of Michigan, School of Public Health; (734) 936-1217. Approved for: 12 Category I credits (2 credits per session).

18-20, Neurology for the Non-Neurologist. Location: The Westin

Resort, St. John, USVI. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. Approved for: 11 Category I credits

19, Parkinson's Disease Update. Location: Towsley Center, Ann Arbor, MI. Contact: Joyce Robertson, Registrar, Department of Medical Education, P.O. Box 1157, Ann Arbor, MI 48106-1157; (800) 800-0666; or fax (734) 763-1400. Approved for: 6 Category I credits.

19-21, Clinical Endocrinology for Primary Care Physicians. Location: Disney's Boardwalk, Orlando, FL. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. Approved for: 11 Category I credits.

19-21, Coronary Heart Disease Update. Location: Tropicana, Las Vegas, NV. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. Approved for: 11 Category I credits.



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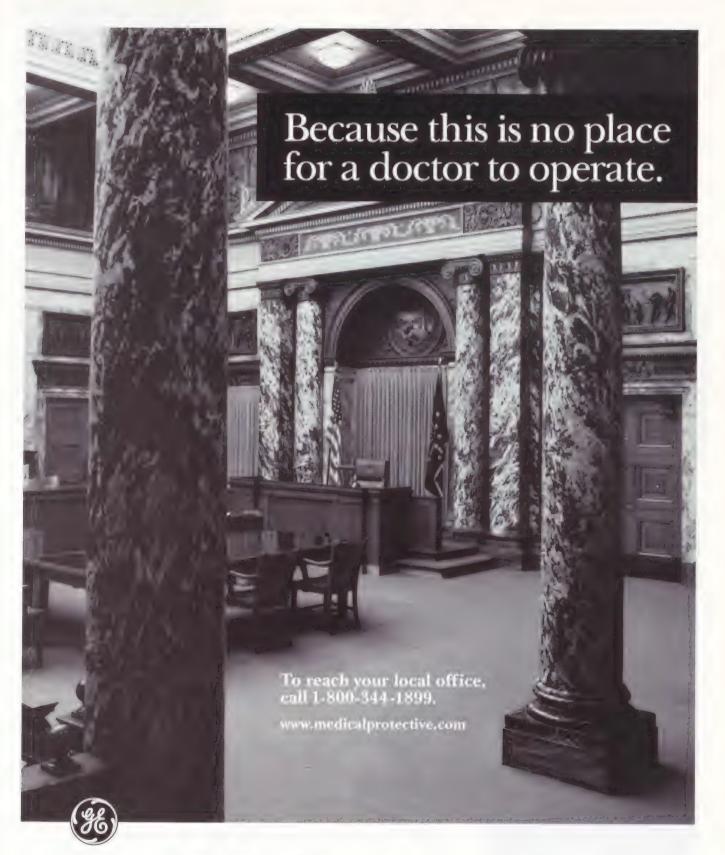
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Resident Section Provides Forum, Education

By Biren Shah, MD

Tichigan residents have been making their presence known at the local, state and national levels this year. Membership in the MSMS Resident Physician Section (MSMS-RPS) provides a forum for sharing ideas with resident colleagues, learning about health care outside the clinical setting, developing leadership skills, and influencing state and national policy by joining forces with other residents.

At the same time, resident members are represented on MSMS committees and the major MSMS policy-making body; the House of Delegates. The MSMS-RPS Governing Council and other interested members meet every other month to discuss recruitment, educational programs, and resolutions to be submitted to state and national meetings for action, among other items.

National Impact

Participation in the MSMS House of Delegates and the AMA Resident and Fellow Sec-

tion annual and interim meetings has been steadily increasing, with Michigan residents submitting and testifying on resolutions and serving on reference committees.

Six resident members attended the AMA Interim Meeting in December 1998, held in Honolulu, Hawaii. A resolution to prohibit the misuse of DEA numbers, submitted by Christine Petricek, MD, and Rachel Vidal, MD, (1998 MSMS RPS chair) both from the University of Michigan, was adopted by the AMA-RPS.

Several residents were able to attend the AMA National Leadership Conference, "Meeting the Challenges of the Twenty-first Century" held in Phoenix in March. MSMS RPS Governing Council members Joshua Helman, MD, Detroit Medical Center, Partha Nandi, MD, University of Michigan, Christine Petricek, MD, University of Michigan, Biren Shah, MD, William Beaumont-Royal Oak, and Araba Afenyi-Annan, MD, University of Michigan, all attended.

At the AMA 1999 Annual Meeting held in June in Chicago, Michigan was represented by six resident members: Araba Afenyi-Annan, MD, Todd Hertzberg, MD, Christine Petricek, MD, Partha Nandi, MD, Steve Chen, MD, all from University of Michigan, and Shahram Lotfipour, MD, Henry Ford. Although the Michigan Section did not submit any resolutions at this meeting, they were able to participate in several lively debates. Some issues included: collective bargaining, debt burden on young physicians and their opposition to the Federation of State Medical Board's (FSMB)



Joshua Helman, MD, RPS past-chair (left), and Biren Shah, MD, RPS chair (right), with Nancy Dickey, MD, AMA president, at the March 1999 AMA National Leadership Conference.



Biren Shah, MD (left), RPS chair; Cathy O.Blight, MD, MSMS past-president; Joshua Helman, MD, RPS past-chair; and Kevin A. Kelly, MSMS managing director, take a break for a photograph during a reception at the March 1999 AMA National Leadership Conference.

recommendation that residents complete at least three years of training before they can obtain an unrestricted license. They also debated their opposition to the FSMB's recommendations calling for medical students and unlicensed residents to be reported to state licensing boards.

Business Education

Beyond participating in these important national and state meetings, the MSMS-RPS is currently sponsoring and planning an educational session for residents and practicing physicians to be held during the 1999 Annual Scientific Meeting. The session, "Business Degree Programs for Physicians Leaders," will feature a panel discussion among four physicians who have obtained an advanced degree while maintaining their practice. Those attending will be able to hear their unique perspective on their experience, the benefits of receiving the degree, and what to look for when choosing a program. During the session, representatives from 11 programs, including the University of Tennessee Physician Executive MBA program, the American College of Physician Executives program, and the University of Michigan School of Public Health Management and Policy program, will be present to answer questions and distribute information on their respective programs.

Newly Elected Leaders

The MSMS-RPS recently elected its 1999-2000 Governing Council Members: Biren A. Shah, MD, William Beaumont Hospital Royal Oak, chair, Araba Afenyi-Annan, MD, University of Michigan, vice-chair, Chris Petricek, MD, University of Michigan, secretary, Lynn Chen, MD, treasurer, University of Michigan, Joshua Helman,

MD, Detroit Medical Center, immediate past chair. At large members include Andrew Jeffers, MD, University of Michigan, Peter Watson, MD, Henry Ford, Shahram Lotfipour, MD, Henry Ford and Steve Chen, MD, University of Michigan.

For more information about MSMS-RPS or if you would like to be added to the RPS email list serve, please contact Kimberly Gools at (517) 336-5763 or kgools@msms.org.

The author is chair of the MSMS RPS Section.



Christine Petricek, MD, RPS secretary (left), and Araba Afenyi-Annan, MD, RPS vice chair (right), meet at the AMA annual meeting.

A Time for Change

Ethics Conference Reexamines Character, Integrity

By Ahmad Abdul-Qadir

oward A. Brody, MD, PhD, chair, MSMS Committee on Bioethics, has seen a dramatic increase in physician interest for the type of deliberations that have come to characterize the annual MSMS Mackinac Island Conference on Bioethics.

"What sort of person do we wish to become as we practice?"

-Howard A. Brody, MD, PhD

"When we talk about ethics, we too often ask, 'what are the rules or principles that tell us what to do?' and too seldom ask, 'what sort of person do we wish to become as we practice? What does it mean to be a physician of excellent character?' But, when I go around and give talks to physicians and invite them to reflect on those questions, I find that practitioners today are hungry for that sort of discussion. This event provides an environment conducive to inviting participants to think seriously about these questions," said Doctor Brody.

A New Focus

For three days in October, far from the cacophony of everyday business, physicians and health care scholars from around the country will gather to reflect on the essence of integrity and ethics in medicine. The 3rd Annual MSMS Mackinac Island Conference on Bioethics, held October 15-17 in Northern Michigan, will be a time for personal reflection and growth.

Inaugurated in 1997, the Conference on Bioethics, has been received as one of the premier opportunities for exchanging insightful and provocative ideas related to medical ethics. The first event centered on physician-assisted suicide, the second conference discussed both managed care and genetics. This fall, participants will focus on health care reform.

James E. Waun, MD, vice chair, MSMS Committee on Bioethics, believes that physicians must understand bioethics as an ever-evolving continuum of reasoning and exchanging infor-

mation. "It is my hope that physicians will come to appreciate bioethics as a deliberative process that requires careful thought and reflection, where there are often good reasons to choose more than one pathway to address ethical dilemmas," said Doctor Waun. He believes that physicians must reach beyond immediate ideologi-

cal differences in order to build more a meaningful exchange. "Where physicians sometimes seem to think that their particular focus or stance on an ethical question is the only one possible for them given their value system, I hope that they understand that thoughtful and conscientious people can disagree and, what's more, that they can enter into constructive dialogue with those whom they disagree with," he said.

Changing the Discourse

Doctor Brody, who is also the director of the Center for Ethics and Humanities in the Life Sciences, and professor of Family Practice and Philosophy at Michigan State University, has been instrumental in the Mackinac Island conference since its inception. In clinical practice, in the classroom, and in hundreds of papers and lectures, Brody has been successful in generating critical thinking amongst physicians concerning the issues that affect the profession the most.

"I hope that our conference can make a difference by changing the way that physicians react to government and industry efforts to 'take control' of the health care scene. The way we tend to react now, a lot of issues end up getting jumbled together. What is good for our patients, what is good for us financially, and what we viscerally like or don't like all get equal billing. I hope that in the future we will all be able to better sort out these respective elements and then place special emphasis on reactions based



MSMS Committee on Bioethics Chair Howard A. Brody, MD, PhD, addressing physicians at last year's conference on Mackinac Island.

on the preservation of professional integrity," Doctor Brody said.

Answering the Difficult Questions

One of the speakers, Matthew K. Wynia, MD, MPH, is the director of the Section on Man-

aged Care Ethics at the American Medical Association. "What is a legitimate way to decide what benefits insurers will and will not cover?" asked Doctor Wynia. At the October event Doctor Wynia will present "What is Our Product and How Should it Be Rationed? The Case of Health Care Resource Allocation."

"Health care is an odd business, because when we talk about resource allocation we are really talking about rationing, and when it comes to one's health, who is to decide what care that patient can and cannot have access to?" asked Doctor Wynia. "In order to ask a physician to ration care at a patient's bedside, the patient must trust the physician. Our current health care system is methodically eroding that trust. It is critical for both physicians and patients to buy into whatever benefit system exists. If the patients do not believe in the system then it cannot last for very long," said Doctor Wynia.

Another featured speaker, Stephanie J. Woolhandler, MD, MPH, is an associate professor of medicine at the Harvard Medical School. She will present the "Failure of Market Medicine." "Market medicine has failed economically and socially as it has been unable to provide care for the disadvantaged. The biggest failure, however, is on the ethical level as patients are viewed as commodities," said Doctor Woolhandler.

Integrity in Medicine

"A sick person is not a product line or a loss on a balance sheet. A capitated HMO sees a high-cost patient as a money loser, putting pressure on physicians to shun the sick or chronically ill, and that is profoundly disturbing," said Doctor Woolhandler. Growing up in the suburbs of New Orleans exposed her to the injustices of economics in the United States. In 1986, she founded "Physicians for a National Health Program," a network of 7,000 physicians and other health care workers across the country that support universal access to health care.

Doctor Waun believes that that physicians and society at large have incredibly broad issues lying ahead. "The biggest dilemma is that nobody, not the medical profession, the public, or individual citizens, have a clear idea of what constitutes integrity in medicine. Without knowing what does or does not compromise the profession's integrity, it is impossible to know what steps to take when addressing the important questions relating to medicine and health care. It is this type of discussion that I hope to initiate at the Mackinac conference," said Doctor Waun.

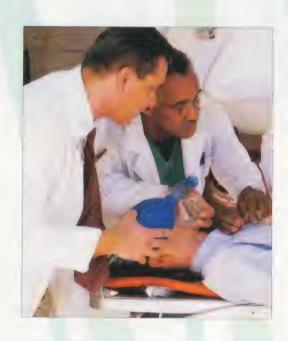
The event has been approved for up to 10 Category I CME credits. For more information or to register for the MSMS Mackinac Island Conference on Bioethics contact David Fox at (517) 336-5741 or dkfox@msms.org.

The author is a communications specialist at MSMS.

"In order to ask a physician to ration care at a patient's bedside, the patient must trust the physician. Our current health care system is methodically eroding that trust."

- Matthew K. Wynia, MD, MPH

EXPERIENCE CME EXCELLENCE





Michigan State Medical Society
134th ANNUAL
SCIENTIFIC
MEETING

November 3, 4 & 5, 1999 The Ritz-Carlton, Dearborn Michigan State Medical Society. MEETING.

Choices, Education, Stimulation, Curiosity, Convenience, Networking, Quality, Technology, and Exhibits

By Gregory Brusstar

eaching new heights in the final year of the millennium, he 134th MSMS Annual Scientific Meeting (ASM) features cutting-edge medical education programs, a world-renowned physician speaker, special events, and an informative array of vendor exhibits. Physicians can choose from an interesting mix of 37 continuing medical education (CME) programs chosen to meet the needs of both primary care physicians and specialists, according to event co-chair Evangeline J. Spindler, MD.

hat's new this year at the ASM? For the first time in its history, the Wayne County Medical Society will present the William Beaumont Lecture at the ASM.

World-renowned cardiac surgeon and medical pioneer Denton A. Cooley, MD, will give the lecture and serve as the ASM keynote speaker. Doctor Cooley performed the first successful human heart transplant in 1968, and then the first artificial heart transplant in 1969. His lecture is titled, "From Cardiac Transplantation to Limited Access Cardiac Surgery: A Saga." It will be held the second day of the conference at noon.

Doctor Cooley earned his medical degree in 1944 from Johns Hopkins University School of medicine with highest honors and Alpha Omega Alpha. Upon completing his medical training, he served on the full-time medical faculty of Baylor College of Medicine from 1951 to 1969. In 1969, he left the university to become Chief Surgeon at the newly created Texas Heart Institute.

Doctor Cooley has contributed to the techniques for repair and replacement of diseased heart valves and is widely known for his pioneering surgical treatment of cardiac anomalies of infants and children. Amazingly, he and his team have performed more than 95,000 open-heart procedures at the Texas Heart Institute in Houston. Doctor Cooley believes his major accomplishment has been the creation of the Texas Heart Institute and developing a school of surgery. More than 600 surgeons are members of the Cooley Surgical Society.

Doctor Cooley has been decorated with more than 100 honors and awards, including honorary degrees from 8 universities, for his accomplishments and service worldwide to the medical profession. Among his awards are the Medal of Freedom, the nation's highest civilian award, presented in 1984 by President Reagan, and the National Medal of Technology, presented this year by President Clinton in 1999.

"It's an honor and a privilege for the Michigan State Medical Society to be able to accommodate the William Beaumont Lecture and the legendary Doctor Cooley," said Krishna K. Sawhney, MD, President of MSMS. "This is truly a unique opportunity for physicians to hear inspirational words from one of the greatest physicians of our time."

A Wide Range of CME Programs

We've gone to great lengths to present highquality programs on advances in medicine and important controversial issues," Doctor Spindler said. "The programs will be of interest to primary care physicians and a wide range of specialties."

Event co-chair Kamran S. Moghissi, MD, said content and past performance of speakers were carefully weighed. "When we're competing with other national and local medical programs, we need to be creative and attentive to physicians needs to keep our attendance up," Doctor Moghissi said. "We've been successful in the past three years in increasing attendance by improving our program each year."

With 37 CME programs to choose from, each half-day session provides three CME credits. Each program features several speakers. Physicians attending all three days can receive up to 19 CME credits, an excellent value and a convenient opportunity within a short, three-day period to stay current. Physicians may receive the maximum 20 credits by attending six half-day programs and the breakfast plenary sessions on Thursday and Friday.

The Computerization of Medicine

Computer/informatics expert Pierre Pincetl, MD, from the University of Utah in Salt Lake City will speak at the Friday session about "Data Needs in Health Care Delivery/Impact on Computer-Based Patient Records." Doctor Pincetl brings a national perspective to the movement



Live Demonstrations—Brian Roth, MD, Bloomfield Hills, (left) demonstrates electrophysiologic diagnosis of occupational injuries on course director Kevin K. Florek, DO, Oxford, during "Diagnosis and Treatment of Occupational Injuries" at last year's ASM.

towards computerization of medicine. He'll discuss many of the computer technology issues that physicians must address in the first decade of the new millennium.

The following are samples of the wide variety of CME programs offered:

■ "Overcoming Stress and Burnout: Stress-Busters for Physicians and Spouses" Physicians can suffer severe stress due to a medical liability lawsuit or job burnout, often with no place to turn for help. Thomas C. Payne, MD, will announce the creation of a new program in Michigan, called the Physician Support Program. The program will help reduce the impact of stress on the personal and professional lives of physicians during difficult times, according to Doctor Payne. Similar programs have been developed in Washington and Oregon. Spouses are invited to this program.

"Controversies in Pain Management" This course will discuss psychological issues associated with pain, use of opiates and pain medications, predicting surgical outcomes with psychological testing, and new high-

tech ways to treat pain. A significant body of pain management literature suggests that opiates can be used on a long-term basis with certain patients without addiction problems, according to presenter Todd E. Lininger, MD, of North Oakland Pain Management Services. Also, he warns that the consumer trend toward supporting "pain treatment acts," which advocate for a wider use of opiates as painkillers, may set the stage for lawsuits against physicians for "undertreating" pain. High-tech

methods of treating pain to be discussed will be spinal cord stimulation and intrathecal therapy, the latter offering exciting new ways to block pain.

■ "Pain Management and Hospice Care" Topics under discussion will be use of medications to manage pain, control of nonpain symptoms (agitation, itching, nausea, restlessness, shortness of breath), and determining appropriateness for admission to hospice care. "Physicians generally admit patients for hospice care too late," says Tom George, MD. "Average length of hospice care in Michigan is about twenty days despite the fact that most insurance carriers provide a six-month benefit."

"The Management of Chronic Pain" The chronic disease management model will be applied to pain management. "It's helpful to explain chronic pain as being similar in many ways to chronic diseases such as diabetes, hypertension, or asthma," said Fred Davis, MD, of Michigan Pain Consultants. "We acknowledge that the condition is something we can't cure but is managed over a continuum. The goal is to keep symptoms "We've gone to great lengths to present highquality programs on advances in medicine and important controversial issues."

-Evangeline Spindler, MD, ASM Co-chair

"It's an honor and a privilege for the Michigan State **Medical Society** to be able to accommodate the William **Beaumont** Lecture and the legendary **Doctor Cooley."**

-Krishna K. Sawhney, MD, President of MSMS managed at an optimum level of care and to avoid major spikes that can cause emergencies." This model also will be applied to the treatment of fibromyalgia and headache. Then outcomes of advanced pain interventions (spinal stimulation and implantation of morphine pumps) will be discussed.

- "Headache, Allergy and Sinusitis" Donald Stevenson, MD, Scripps Clinic, San Diego, will discuss the relationships between allergies and various types of headache. Michael R. Simon, MD, will then describe the evaluation of sinusitis using history, physical, and radiological examinations. Diagnosis and treatment will be discussed. The surgical management of sinusitis with functional endoscopic sinus surgery will be presented by Robert Stachler, MD. He will discuss when to refer a patient for surgery and will explain the procedure.
- "Life and Death Issues in Bioethics" Audience participation will be encouraged in this "very interactive" current-issue discussion, says Evangeline J. Spindler, MD. First, ethical assisted-fertility technology will be discussed. Related topics include issues of selective reduction, genetic selection, embryo freezing and caretaking, and gender selection. Second, physician-assisted dying will be revisited. Physicians will talk about various ways to help both pediatric and adult patients and families deal with the process of dying. The concepts of pain and suffering, consent for the incompetent and never competent, and terminal sedation will be addressed. The differences between physician-assisted dying, physician-assisted suicide, and euthanasia will be discussed.

Special Events for a Change of Pace

In addition to CME programming, the ASM provides many extracurricular activities of practical and social interest.

On Wednesday, there are two special

programs of general interest: "Estate Planning for Physicians and Business Degree Programs for Physicians."

Estate Planning: "Special Problems and Opportunities" will feature Curtis DeRoo, JD, a partner in the law firm Kerr, Russell, and Weber, Detroit. The first topic to be discussed will be avoiding probate court involvement in the transfer of assets to reduce inheritance tax consequences. The other topic will discuss distribution of assets to reduce federal tax liability.

"This is a perennially popular seminar with physicians because it considers their special investment needs," said MSMS Foundation Executive Director Judy Marr. "It takes into account physicians' liability exposure and the need to shield assets." Open to all physicians, this seminar also will be presented on Thurs-

Another program of general interest is "Business Degree Programs for Physicians," sponsored by the Resident Physician Section of MSMS. This informative session is an opportunity to hear from four physician leaders who have earned business degrees while working full time. They will present their perspectives on the reasons for their decision, the advantages of having a business degree in this health care environment, and what to look for in choosing a business degree program.

Speakers will include Arthur Porter, MD, president and chief executive officer of the Detroit Medical Center; Babu Paidipaty, MD, director of critical care at St. Mary Hospital, Livonia; Ira H. Mickelson, MD, ob/gyn at the Detroit Medical Center; and Sheila Sawyer, MD, MMM, CPE, FACPE, medical director of Integra Health, Iowa.

Representatives from 10 business programs in Michigan and other states will be available to provide information about their programs. "As physicians seek leadership roles, they may need new skills and education beyond their medical training," said Biren Shah. MD, chair of the MSMS Resident Physicians Section. "The RPS is proud to bring information about business degree programs to this major MSMS educational event."

Several specialty societies will meet during the ASM. The Michigan Society of General Surgeons, the Michigan and Allergy Asthma Society

and the Michigan Society of Colon and Rectal Surgeons all plan business meetings. For the second consecutive year, the Michigan Occupational and Environmental will hold its annual dinner and lecture in connection with the ASM. Also holding their annual meeting in conjunction with the ASM is the Michigan Infectious Disease Society. On Friday afternoon, take advantage of the opportunity to meet colleagues in your specialty at a "lunch with your peers" event.

Again this year, alumni of the Wayne State University and University of Michigan medical schools will have the opportunity to meet old friends and new associates at receptions and dinners on Wednesday and Thursday evenings.

Consult your ASM program for the times of these events of special interest: County Executive Directors Luncheon, Michigan Society of General Surgeons meeting, the Wayne State University Medical Association Alumni dinner. the Specialty Society Presidents Luncheon, the Michigan Occupational and Environmental



Provocative Discussion—Physicians listen intently to a seminar at the 1998 ASM.

Medical Association Meeting, the MSMS Women's Caucus, the University of Michigan Health System reception and dinner, the HMO Medical Directors Luncheon, the Michigan Allergy and Asthma Society meeting, and the Michigan Society of Colon and Rectal Surgeons meeting.

... And, Of Course, Visit the Exhibits

In addition to special events, a wide array of exhibitors will be available to provide information on business and personal services for physicians. Take time away from the meetings and seminars to talk to exhibitors and see what's new in the marketplace. This is a convenient opportunity to scout for products and services you need in your practice.

The author is an Okemos-based freelance writer.

Profile in Partnership

MSMS Leaders Accorded Highest AMA Executive Honor

SMS Executive Director William E. Madigan and Managing Director Kevin A. Kelly recently received the AMA's prestigious Medical Executive Achievement Award. AMA Board Chair Randolph D. Smoak, Jr., MD, said as he presented it, "This is ultimately the highest honor any individual can receive from the AMA."

The pair, who have shared MSMS executive leadership roles for 12 years, have contributed "substantially to the goals and ideals of the medical profession," according to the 350,000attention to growing the various parts of MSMS, rather than diverting energies to the politics of maintaining position, as so often happens between leaders in organizations. It's innovative thinking at a time when doctors most need it to position themselves in the marketplace. Collaboration has become increasingly important to physicians as government regulations

have tightened their stranglehold and managed care organizations have hammered away at physician autonomy. What better place for physicians to find a collaborative model than in the two executives running their own advocacy organization?

"Michigan physicians and their patients are fortunate to have these two dynamic and dedicated leaders," said MSMS President Krishna K. Sawhney, MD. "Doctors are joining because they see MSMS as an efficient, effective and pertinent organization."

In fact, under Madigan and Kelly's leadership, MSMS membership has grown 47 percent, from 10,000 to 14,700, in a dozen years. It's at an all-time high and is growing at a time when most other medical societies in the country are losing members. Several of the thousand-plus physician delegates and medical society executives who applauded the duo's award at the AMA's June meeting have, at various times, asked Madigan or Kelly to detail MSMS methods in building membership.

"Bill and Kevin epitomize the best of everything we like to have in our executives-superb quality, great accessibility and friendliness in their recognition," said AMA Speaker of the House Richard F. Corlin, MD. "They are setting a standard for everyone."

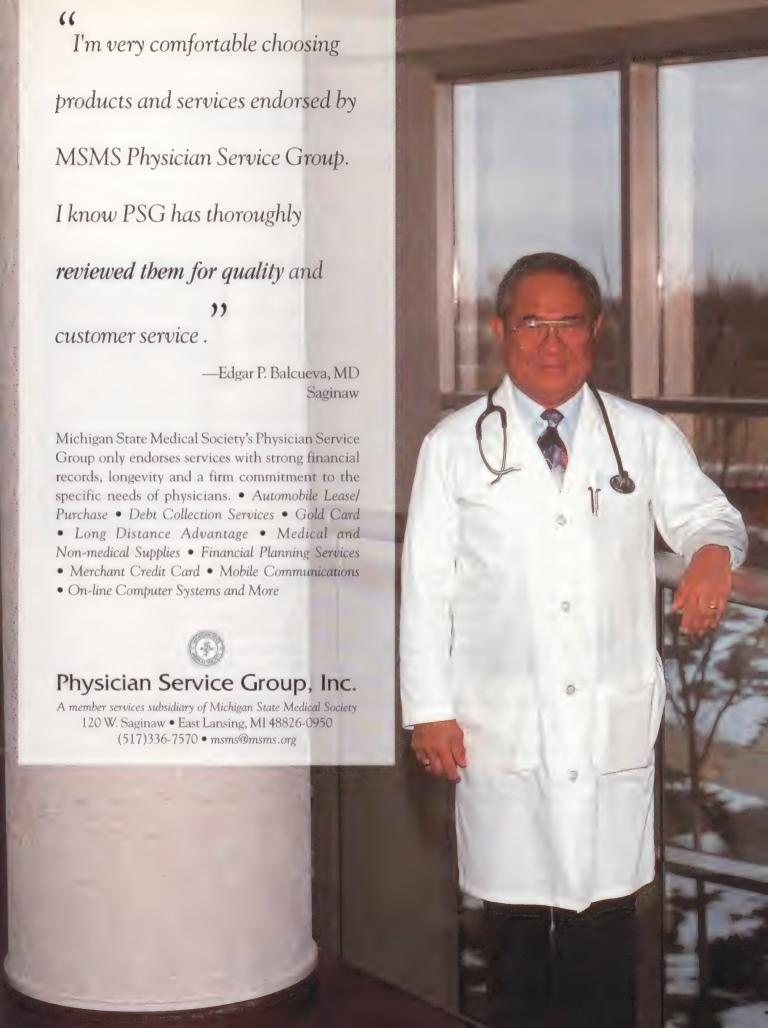
The author is an executive liaison at MSMS.



AMA Board Chair Randolph D. Smoak, Jr., MD, highlights the achievements of William E. Madigan, Executive Director of MSMS, and Kevin A. Kelly, Managing Director of MSMS, during the presentation of the Medical Executive Achievement Award at the AMA's interim meeting in June.

member AMA. That partnership has been a key to Madigan and Kelly's success in building MSMS identity and strength on behalf of its physician members.

And yet, Madigan and Kelly's egalitarian work style has allowed them to direct all of their



Shattering the Glass Ceiling

Leadership, Involvement Enable Women Physicians to Overcome Obstacles and Succeed

By Kathleen Farrell

ver 100 years ago, the courage of a 23year-old woman forever changed the way society viewed women's roles in the medical field. In 1844, Elizabeth Blackwell decided she wanted to become a doctor.

And even though no medical school would admit her, she studied privately with doctors in the south and in Philadelphia — finally earning her spot in 1847 as a student at the Geneva Medical School of Western New York. It couldn't have been easy for her—being the only woman surrounded by doubting male students and professors. But she soldiered on—graduating in 1849 at the head of her class.

Doctor Blackwell is widely known as the first woman doctor in the United States, but she achieved this only after a great deal of pain and struggle. When she moved to New York City in 1850, she was not allowed to practice in any hospital there. So, no stranger to adversity, Doctor Blackwell fought for her rights and the rights of all women by starting the New York Infirmary for Women and Children. Later, she opened a medical college for women within that hospital.

Doubling the Numbers

Today, 150 years since Elizabeth Blackwell graduated from medical school, women have made great strides in the medical profession. The number of women physicians has increased dramatically—more than doubling between 1970-1980. In 1990, there were more than four times as many women physicians as in 1970. As of 1997 42.6 percent of U.S. medical students are women.

According to the American Medical Association's Women in Medicine Key Issue Briefs, "Women have moved into the mainstream of the profession; successfully raised professional awareness of their contributions

and concerns; and are participating in a meaningful way in medipractice, government, research, academia, and organized medicine." Furthermore, the AMA projects that by the year 2010, women will comprise almost a third of all physicians.

Hitting the "Glass Ceiling"

Impressive, but women still remain the minority in medicine. One of the biggest stumbling blocks is gender bias—which translates into sexual harassment, resistance to accommodating childbearing, and the proverbial glass ceiling. Women in every career are not strangers to this phenomenon, but thankfully the medical community, led by its female members, seems to be coming together to improve the situation for its own.

Forum Affect Change

Both the AMA and MSMS have formed vehicles for women physicians to affect changes. The AMA's Women Physicians Congress states its goals are, in part, to: "... increase the percentage of women physicians in leadership and senior management positions in organized medicine, academia and throughout the profession; enhance AMA advocacy on women physician policy issues; facilitate the professional progress of women physicians through leadership development, education and training; to increase the membership and participation of women physicians in their professional societies and the AMA; to increase flexibility at all levels of the profession and assist physicians in balancing professional and family responsibilities."

According to the book An Unfinished Revolution: Women and Health Care in America, published in 1994 and edited by Emily Friedman, there is no disputing the considerable gains women have made in the medical field,



An Early Roll Model—Ethel Calhoun, MD, graduated from the University of Michigan Medical School in 1925. She is best known for her work with the Kenny method of therapy for polio, and opened the Kenny Rehabilitation Outpatient Center in Ferndale. She served as a medical superinteendent of the rehab center until her retirement, in 1964, Doctor Calhoun was honored by Mrs. Lyndon B. Johnson at a White House luncheon for her exceptional achievement with the Kenny method. She was inducted into the Michigan Women's Hall of Fame in 1987.

but many obstacles still are present. "Specifically, gender role stress remains a problem for women in medicine, many of whom must try to fit in the bearing and raising of children while conforming to traditionally rigid medical training requirements. Family demands are frequently cited as a significant factor in the continuation of the glass ceiling, particularly in academia, where the imperative to publish or perish works against women who have chosen to publish less in order to accommodate family obligations."

Making Choices

Like others who manage both careers and family, Kalyani Misra, MD, MPH, opted to change the focus of her practice when she started her family 20 years ago. She began in internal medicine, switching to pediatrics, before moving to her current role as medical director for the Lapeer County Health Department, a position she has held for 20 years.

"When I had my children I was torn between the work and the kids, so I decided that I shouldn't be a pediatrician, I should really give

my family those years of their lives at home. So, I went and got a master's degree in public health and preventive medicine from the University of Michigan. And that gave me the opportunity to become a medical director, which is pretty much day time work. It really helped me to bring my children up," says Doctor Misra, who, coincidentally, has a son in medical school

Doctor Misra also serves on MSMS's Committee on Concerns of Women Physicians. The committee's goal is to help influence young women physicians, beginning in medical school. Doctor Misra says about 38-40 percent of medical school graduates in Michigan are women.

Mentoring Works

"We are trying very hard to get the younger women entering medicine now to be more active in the state medical society and to have a voice in the process of medicine," she says, "...and to not feel the alienation the older generation felt."

Doctor Misra's mentoring idea is right on target, according to Friedman. "The importance the younger women entering medicine now to be more active in the state medical society and to have a voice in the process of medicine." -Kalyani Misra, MD,

MPH

"We are trying

very hard to get



Natural-Born Leader—Fanny Kenyon, MD, graduated from Wayne State University School of Medicine in 1935. She spent her entire medical career in the public health arena. Doctor Kenyon was a member of Who's Who in American Women, Past-President of the Local and State Business and Professional Women's Club, and Chair of the National Health Safety Commission. In 1945, she became Inspector for Licensing of Hospitals for the State of Michigan.

of mentors cannot be overestimated. Female and male mentors can be instrumental in bringing more women into the specialties where they have been traditionally under represented. Women still represent a minority in medicine, with many of the same issues as other minorities: professional isolation or loneliness, lack of role models, and exclusion from peer networks," reports Friedman. "Women mentors can be of special help as both career and personal role models, as women continue to struggle with combining their professional and family responsibilities."

Averting

Sometimes, a woman doesn't even have to be married or contemplating having a family for prejudices to emerge. Doris Suciu, MD still remembers, quite clearly, her experiences interviewing for admission to medical school in 1972. Doctor Suciu was unique in that she didn't decide to become a doctor until she had already earned a teaching degree and a master's in social work. And, since she had always had to pay her way through college, her resume

reflected a wide range of job experience. Upon her interview at one major Michigan university, she was surprised and dismayed when the interviewer repeatedly asked inappropriate, personal questions that had nothing to do with her qualifications for medical school.

"He started asking if I was married or engaged and I kept thinking, 'This is so inappropriate," says Doctor Suciu, who trained in internal medicine and now works as an occupational physician for General Motors.

Her final interview was with Michigan State University's medical school. "I went in feeling a little dejected, and the guy looked up at me and said, 'I see you have a diverse background; we like that in a candidate," says Doctor Suciu. "He valued who I was, and he appreciated where I'd come from. He saw me as an individual. So I said, 'this is the place for me.' "

And, aside from a few unpleasant incidents with some male students, Suciu found her medical school experience a positive one as well attributing much of it to the overall change in society during the early 70's. "The men in medical school aren't necessarily any different than



Exceptional Leadership Skills-Avis M. Olsen, MD, graduated from the University of Manitoba in 1952 and went on to residency training at Mount Carmel Mercy Hospital in Detroit. She was a Past-President of the American Medical Womens Association, Editor of the Journal of the American Medical Womens Association, and was a hospital administrator until her retirement.

the men out in the rest of the world. There were some that were receptive, but I didn't find them that much different in terms of the culture of the rest of the world."

Today's Students are Empowered

Erica Canales, a third-year medical student at Michigan State University and the student representative for MSMS's Committee on Concerns of Women Physicians, says the strong female leadership at MSU's medical school has created a positive environment for its female students.

"We hear stories from women faculty members about the harassment they received going to school not that long ago. Really, that has not been my experience. I really feel a strong presence of women in the program and haven't felt disadvantaged at all. If anything, I've felt empowered," says Canales, who is interested in pursuing a career in women's medicine. "There are still those little assumptions people make about you based on gender, and who knows when that will change, but I think it's changing as more and more women enter the field. "

Serious Issues

Doctor Misra came to the United States 22 years ago from India, and says even though things have improved dramatically since then, she's still hoping for better accommodations for women; specifically, part-time work options. "Women want to give care to their children and families, but they don't have any alternative. It's very difficult to do part time work in the clinical service area. But we're working on that."

The AMA is promoting the idea as well. Their policy reports on maternity leave have pointed out that "as women continue to enter medicine in increasing numbers, the incidence of pregnancy and maternity leave will become more frequent and predictable. It is in the best interest of all concerned that accommodations be made to assure that these women do not have to forsake their child-bearing years in order to pursue a successful medical career."

Other subtle barriers also exist for women physicians, however, such as negative comments or actions that devalue a woman physician's contributions and accomplishments. These can eventually isolate her from the decision"We hear stories from women faculty members about the harassment they received going to school not that long ago. Really, that has not been my experience."

-Erica Canales, a third-year medical student at Michigan **State University** College of Human Medicine

making process and create an atmosphere of sexism.

According to the AMA, "there is ample documentation of these problems throughout medicine. Eighty-one percent of females responding to a 1988 AMA survey of a third-year medical school class reported that they had been subjected to sexist slurs. Others reported sexual advances, denied opportunities and other forms of sexual discrimination."

Economic Differences

Pay inequity is another issue facing women physicians. According to the AMA Center for Health Policy Research, in 1995 male physicians earned a net income of \$205,800 to a female physician's \$143,300. Contributing to these figures is the fact that female physicians remain less likely to be self-employed than male physicians, and are more likely to be employees. Other factors contributing to the lower incomes of women physicians are that they are overrepresented in the lower paid specialties, see fewer patients and have less experience.

In addition, female physicians report working 5.2 fewer hours and seeing fewer patients per week than their male counterparts. Some say that the gender difference is more pronounced because of the differences in employment status, experience and specialty mix, and the fact that women may also spend more time with each patient.

Change in Trends

Aside from gender differences, Doctor Suciu says the culture is changing. "There are more women out there and the more there are, the more that helps the change. And the idea of combining marriage and a career—well, men do it all the time."

Doctor Misra also has a positive outlook. "I see tremendous growth for women in medicine. Slowly you will see women emerging as the majority in every field." More women are now



serving in leadership roles and taking on more committee work. And, according to statistics, more women and young physicians joined MSMS in 1995 than ever before. More than 26 percent of new members that year were female, and nearly 70 percent were under the age of 40.

Still many issues remain. In some circumstances, the progress of women in medicine continues to be hindered by lack of sensitivity to the stresses of family responsibilities, pay inequities, under representation in leadership positions, and inflexibility in training programs. But with the help of women in those leadership roles, and mentoring by seasoned physicians—both male and female, the new class of women physicians has a strong opportunity to affect change.

The author is an Okemos-based freelance writer.



Making a Presence in Organized Medicine-Women physicians have occupied a very prominent role in organized medicine—especially at MSMS. Currently, we have a woman Speaker of the House, Dorothy Kahkonen, MD (opposite page); and two past-presidents, Susan H. Adelman, MD (above), and Cathy O. Blight, MD (right). Doctor Adelman presently serves on the Board of Trustees for the AMA.



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Nancy W. Dickey, MD President 1998-1999 American Medical Association

Join the AMA and your specialty society today. For information about free membership in the AMA Women Physicians Congress, call 800 AMA-3211, ext. 4392.



Senate Hopeful, Staunch Health Care Advocate

U.S. Rep. Debbie Stabenow

By Nicole Thompson

s the U.S. Congress continues to do battle over a number of health care issues, rang-ing from managed care reform to the allocation of research funds, it is imperative that Michigan physicians maintain strong representation in Washington.

United States Rep. and Senate hopeful Debbie Stabenow (D-8th District) has long been a close ally of medicine. Her vast efforts on behalf of health care professionals are centered toward "looking at quality and affordability issues, and not having policies that put physicians at odds with patients."

In response to the need for such safeguards, Rep. Stabenow was an original co-sponsor of the Patient Bill of Rights in the 106th Congress. "It's very important for me to see a tough Patient Bill of Rights, where decisions are made by doctors . . . " she explains. This bill would make health plans accountable for medical decisions they make, as well as prohibiting health plans from penalizing doctors for having open, frank discussions with their patients.

Rep. Stabenow also recognizes the importance of other aspects of the bill, directed toward improved patient care, such as increased access to specialists, full coverage disclosure, quick appeals processes, and the guarantee of coverage under a "prudent layperson" standard. She feels that this bill is far preferable to the Republican Patient Protection Act of 1998, which she voted against due to its lack of significant consumer protections.

Increased Access to Health Care

Rep. Stabenow also is advocating a number of bills crafted to increase access to health care. She believes the government has made some mistakes with regard to recent Medicare legislation, stating that what should be done is to "... stop Medicare cuts, and instead strengthen

Medicare and Social Security with the budget surplus." She also takes issue with the recent anti-fraud campaign begun by the Department of Health and Human Services and the American Association of Retired People, saying that it "creates a rift between seniors

and doctors."

Cuts made in the area of home health care are of special interest to the Congresswoman. She is one of 50 Congressional members of the Home Health Working Group, a recently formed division of the Rural Health Care Caucus. "We must be sure that in our attempts to reform Medicare, we consider the unique needs of seniors relying on home health care," she said.

The reductions in Medicare programs for senior citizens in their homes amount to an alarming \$32 billion. Over 20 percent of participating Medicare home care providers have vanished since 1997, with thousands losing their jobs altogether. A concerned Rep. Stabenow remarked, "Home health services are often no longer available to an increasing number of seniors, and the result is more elderly forced to move out of their homes and into nursing facilities that can meet their health care needs. I have been active in working to find solutions to the home health crisis and joining the Home Health Working Group is another forum to create bi-partisan resolutions to address this wide-spread problem."

Improving Medical Care

Her other efforts in home health care advocacy include co-sponsoring the Home Health Access Preservation Act of 1999, as well as a House Resolution concerning regulatory burdens placed on home health agencies. Also, over 70 members of Congress joined her in sending letters to the President and the Ways and Means Committee, asking that home health

"We must be sure that in our attempts to reform Medicare, we consider the unique needs of seniors relying on home health care."

> -Rep. Debbie Stabenow



Meet and Greet—Congresswoman Debbie Stabenow discusses health care and retirement security with constituents.

and other Medicare made under the Balanced Budget Amendment be reversed.

Rep. Stabenow is co-sponsoring several other bills, important to ensuring

care to people of all ages in rural areas. The Children's Hospitals Education and Research Act would provide more Medicare funding for resident slots at children's hospitals, facilitating rural children with serious health problems in getting the constant care they require. The Health Care Access Improvement Act co-sponsored by Rep. Stabenow would provide medical practitioners a tax credit for setting up practice in health professional shortage areas.

Supporting Physicians

In addition, Congresswoman Stabenow signed on to the Graduate Medical Education Technical Amendment, which is an attempt to reverse provisions under the Balanced Budget Amendment, which negatively affect the federal funding available for resident slots in rural and family practice medicine.

In response to changes in medicine since the advent of the HMO, Rep. Stabenow is co-sponsoring the Quality Health Care Coalition Act. As an amendment to the Labor Relations Act, this bill would allow dentists and physicians to collectively bargain and to negotiate their contracts with health plans. Rep. Stabenow commented, "I am pleased to be sponsoring (HR 1304)...In today's climate, it's important that physicians have the right to collectively negotiate on behalf of themselves, and also with a strong Patient Bill of Rights [to back them up]. What's most important", she added, "is the whole issue of not holding physicians accountable for decisions made by the HMO."

Plans to Alleviate Health Threats

Congresswoman Stabenow is very interested in improving public health and increasing medical research. She co-sponsored numerous bills supporting the augmentation of research funding for breast, cervical and ovarian cancer, as well as diabetes, Parkinson's, AIDS and other critical diseases. She also co-sponsored the Mo Udall Parkinson's Research Act of 1997, and the Medicare Prostate Cancer Screening Act of 1997.

As a co-sponsor of the Bipartisan No Tobacco for Kids Act, Rep. Stabenow desires to prevent smoking in America's youth by raising cigarette prices, fining tobacco companies, and raising education awareness.

A true partner to Michigan physicians, Rep. Stabenow has written a considerable number of letters on behalf of various doctors statewide. to Administrator Nancy Anne Min DeParle of the HCFA and to the NIH. These letters were sent in regard to a number of health care issues, such as Medicare cuts and the "resourcebased practice expense relative value system."

Future Plans

Rep. Stabenow hopes to take her health careconscious politics to the U.S. Senate following the next election. She left the Michigan Senate in 1996 for the U.S. House of Representatives. Since then, she has served on the House Public Health Committee, and as chair of the House Mental Health Committee. Her leadership is demonstrated by her introduction of such legislation as mandatory prescription drug cov"In today's climate, it's important that physicians have the right to collectively negotiate on behalf of themselves, and also with a strong Patient Bill of Rights [to back them up]."

-Rep. Debbie Stabenow

erage for Medicare recipients.

The Michigan Home Health Association recognized Rep. Stabenow recently, when they awarded her the Home Health Leadership Award. She can assuredly anticipate similar accolades as she continues to fight for quality, accessible health care for Americans, as well as an improved working environment for physicians and other health care workers.

For further information on MSMS's federal legislative activities, please contact Kevin A. Kelly, Managing Director, at (517) 336-5742 or at kkelly@msms.org. Also check out our website at www.msms.org. Click on "Grassroots Political Action."

The author is an East Lansing-based freelance writer.

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plan, we had no one to talk to regarding our insurance problems. MSMS handles things immediately. They keep us updated on our coverage and what is available and affordable. The worry is taken out of our hands,"

> Jerrold M. Weiss, MD and Ethel Anthony Ingham Radiology

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*Cholesterol - 100mg

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+B-12 - 1.4mg

+Protein - 27g

+Iron - 1.0 mg

+Zinc - 4.3mg

+Thiamin - 0.05mg

+B-6 - 0.28mg

*Based on standards of comparison. 2,000 calories per day is the midpoint of the recommendation by the National Academy of Sciences for women ages 23-51. The National Academy of Sciences also recommends a maximum of 3,300 milligrams of sodium per day. The American Heart Association recommends not more than 30 percent of calories from fat and no more than 300 milligrams of cholesterol per day.

+Based on percent of U.S. Recommended Daily Allowances, Data based on USDA Handbook 8-17 1989.



Michigan Veal Committee

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MSMS Meetings **OCTOBER**

- 6, Medical Business Specialist Program-"Medical Terminology." Location: Harbor Holiday Inn, Muskegon, MI. Contact: Deborah Zannoth at (517) 336-5767 or dzannoth@msms.org.
- 6, Medical Business Specialist Program- "Successful Strategies for Patient Satisfaction." Location: Lakeland Medical Center, St. Joseph. MI. Contact: Deborah Zannoth at (517) 336-5767 or dzannoth@msms.org.
- 6, MSMS Center for Physician **Education and Leadership Practice** Management Seminar-"Contracting for the Employed Physician." Location: Gateway Holiday Inn, Flint, MI. Contact: Jennifer Mogyoros (517) 336-7581 or mjensen2@msms.org.
- 7, MSMS Center for Physician **Education and Leadership Practice** Management Seminar - "Audit Proof Your Practice." Location: Headquarters, East MSMS Lansing, MI. Contact: Jennifer Mogyoros (517) 336-7581 or mjensen2@msms.org.
- 12, Medical Business Specialist Program-"Medical Records & the Law." Location: Edison Inn, Port Huron, MI. Contact: Deborah Zannoth at (517) 336-5767 at dzannoth@msms.org.
- 12, MSMS Center for Physician Education and Leadership Practice

- Management Seminar- "ICD-10: Will Your Practice be Ready for the Change?" Location: Marriott, Troy, MI. Contact: Jennifer Mogyoros (517)336-7581 mjensen2@msms.org.
- 13, MSMS Risk Management Committee. Location: MSMS Headquarters, East Lansing, MI. Contact: Peggy Galloway at (517) 336-5729 or pgalloway@msms.org.
- 13, Medical Business Specialist Program- "Successful Strategies for Patient Satisfaction." Location: Washtenaw County Medical Society, Ann Arbor, MI. Contact: Deborah Zannoth at (517) 336-5767 or dzannoth@msms.org.
- 14, MSMS Center for Physician Education and Leadership Practice Management Seminar- "ICD 10: Will Your Practice be Ready for the Change?" Location: Waterfront Inn, Traverse City, MI. Contact: Jennifer Mogyoros at (517) 336-7581 or mjensen2@msms.org.
- 15-16, MSMS Mackinac Island Conference on Bioethics - Integrity in the Face of Change. Location: The Grand Hotel, Mackinac Island, MI. Contact: David K. Fox (517)336-5731 or dkfox@msms.org.
- 15, Fall 1999 MSMS/MICOA Risk Management Seminar- "Damned If You Do, Damned If You Don't? Risk Management Considerations in End-of-Life Care." Location: The Grand Hotel, Mackinac Island,

- MI. Contact: Kristen Sabec at (517) 336-5769 or ksabec@msms.org.
- 15-16, MSMS/MICOA Risk Management Specialty Seminar-"After-Hours Radiology: What You Need to Know to Survive." Location: Mt. Pleasant, MI. Contact: Kristen Sabec at (517) 336-5769 or ksabec@msms.org.
- 20, MSMS Committee on Bioethics. Location: MSMS Headquarters, East Lansing, MI. Contact: David K. Fox at (517) 336-5731 or dkfox@msms.org.
- 20, MSMS Center for Physician Education and Leadership Practice Management Seminar- "Audit Proof Your Practice." Location: WMU, Regional Center, Grand Rapids, MI. Contact: Jennifer Mogyoros at (517) 336-7581 or mjensen@msms.org.
- 20, Medical Business Specialist Program- "How to Improve Your Office and Reception Skills." Location: Lakeland Medical Center, St. Joseph, MI. Contact: Deborah Zannoth at (517) 336-5767 or dzannoth@msms.org.
- 22, Medical Business Specialist Program- "Medical Terminology." Location: Edison Inn, Port Huron, MI. Contact: Deborah Zannoth at (517) 336-5767 or dzannoth@msms.org.
- 26, MSMS / MICOA Making the Rounds Program. Location: Ingham Regional Medical Center,

Lansing, MI. Contact: Tom Plasman at (517) 324-6958 tplasman@micoa.com.

26, MSMS/MICOA Making the Rounds Program. Location: St. Joseph Mercy Hospital, Clinton Township, MI. Contact: Tom Plasman at 324-6958 (517)tplasman@micoa.com.

27, MSMS/MICOA Risk Management Presents: "Patient Accountability vs. Physician Responsibility." Location: Detroit, MI. Contact: Kristen Sabec at (517) 336-5769 or ksabec@msms.org.

27, MSMS Center for Physician Education and Leadership Practice Management Seminar- "ICD-10: Will Your Practice be Ready for the Change?" Location: MSMS Main Headquarters, East Lansing, MI. Contact: Jennifer Mogyoros at (517) 336-7581 or mjensen@msms.org.

27, Medical Business Specialist Program- "Medical Terminology." Location: Washtenaw County Medical Society, Ann Arbor, MI. Contact: Deborah Zannoth at (517) 336-5767 or dzannoth@msms.org.

29, Medical Business Specialist Program-"Medical Records & the Law." Location: WMU, Regional Center, Grand Rapids, MI. Contact: Deborah Zannoth at (517) 336-5767 or dzannoth@msms.org

NOVEMBER

2, Medical Business Specialist Program- "Medical Records & the

Law." Location: Holiday Inn. Dearborn, MI. Contact: Deborah Zannoth at (517) 336-5767 or dzannoth@msms.org.

3. American College of Obstetrics and Gynecology Board Meeting. Location: MSMS Headquarters, East Lansing, MI. Contact: Dawn Reha at (517) 336-7571 or dreha@msms.org.

3-5, 134th MSMS Annual Scientific Meeting. Location: Ritz Carlton, Dearborn, MI. Contact: Brenda Menzies at (517) 336-7580 or bmenzies@msms.org.

SPECIALTY SOCIETIES OCTOBER

1, Michigan Society of Respiratory Care Board Meeting. Location: MSMS Headquarters, East Lansing, MI. Contact: Liz Foster at (517) 336-7587 or efoster@msms.org.

NOVEMBER

12, Michigan Society of Respiratory Care - Asthma "Sharing" Meeting, Location: MSMS Headquarters, East Lansing, MI. Contact: Liz Foster at (517) 336-7587 or efoster@msms.org.

16, Michigan Society of Respiratory Care Pulmonary Rehab Committee Meeting. Location: MSMS Headquarters, East Lansing, MI. Contact: Liz Foster at (517) 336-7587 or efoster@msms.org.

DECEMBER

3, Michigan Society of Respiratory

Care Board Meeting. Location: MSMS Headquarter, East Lansing, MI. Contact: Liz Foster at (517) 336-7587 or efoster@msms.org.

AMA MEETINGS DECEMBER

5-8, AMA Interim Meeting. Location: San Diego, CA. Contact: Julie Lester at (517) 336-5768 or ilester@msms.org.

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Wednesday Morning, November 3

All morning courses run from 8:30 a.m. to noon with a half-hour break. Complimentary continental breakfast available at 7:30 a.m. Lunch provided in Patron Forum from noon to 1:30 p.m.

Quality Improvement: Real Life Applications

PRESENTED BY: Michigan State Medical Society Michigan Institute for Medical Quality (MIMQ)

Quality improvement principles learned will enhance patient care in the office, hospital, and nursing homes.

COURSE DIRECTOR: Paul O. Farr, MD, Chair, MIMO Steering Committee, Grand Rapids

The Management of Chronic Pain

PRESENTED BY: Michigan Pain Consultants, PC and ProCare Systems

A panel of pain management specialists will discuss the use of a chronic disease management model for the treatment of patients with chronic pain secondary to headache and fibromyalgia.

CO-COURSE DIRECTORS: Cindy Walsh, CEO, ProCare Systems, Grand Rapids; and Fred Davis, MD, Partner, Michigan Pain Consultants, Grand Rapids

Peer Review: Process and Outcomes

PRESENTED BY: Physician's Review Organization of Michigan (PROM)

Current case studies will illustrate how external criteria are used to influence clinical decision making, and to identify ways in which informed peer review can bring moderation to this process.

COURSE DIRECTOR: Donald C. Smith, MD, Medical Director, PROM, East Lansing

Frequently Encountered Neurological Problems

PRESENTED BY: Department of Neurology, Wayne State University School of Medicine

This course will cover the evaluation and current treatment of dementia, concussion, stroke, spasticity and tremor.

COURSE DIRECTOR: Paul A. Cullis, MD, Clinical Associate Professor, Warren

Hair, Nails and Moles

PRESENTED BY: Michigan Dermatological Society

Case studies and lectures will review alopecia, controversial descriptions of the dysplastic nevus, and conditions related to nails.

COURSE DIRECTOR: Ali Moiin, MD, Livonia

Basic Cardiac Life Support

PRESENTED BY: Michigan College of Emergency Physicians

This course will review Basic Cardiac Life Support, the role of the health care professional and the community in the emergency cardiac care system, techniques of adult and pediatric cardiopulmonary resuscitation, and ethical and legal considerations in CPR.

COURSE DIRECTOR: Kathleen Fenske, MD, Emergency Medicine, Sparrow Health System, Lansing

WEDNESDAY SPECIAL EVENTS

Estate Planning for Physicians

12:15 p.m. – 1:15 p.m. The Board Room

Michigan Society of General Surgeons

3:00 p.m. – 6:00 p.m. The Ritz-Carlton Suite For more information, please contact Liz Foster at 517-336-7587.

Business Degree Programs for Physician Leaders

Sponsored by MSMS – Resident Physician Section 6:00 p.m. – 8:30 p.m. Plaza B

Wayne State University Medical Association Alumni

6:30 p.m. – 9:30 p.m. Plaza A

Wednesday Afternoon, November 3

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break

Update in Otolaryngology for the Primary Care Physician

PRESENTED BY: University of Michigan Hospitals

A systematic, simplified approach to office evaluation of common otologic problems, hoarseness, snoring, sleep apnea, and head and neck tumors will be presented.

COURSE DIRECTOR: Hussam K. ElKashlan, MD, Assistant Professor, Department of Otolaryngology, University of Michigan Hospitals, Ann Arbor

The Five "I"s of Geriatrics

PRESENTED BY: Michigan Academy of Family Physi-

The five "I"s of geriatrics – incontinence, incompetence, iatrogenicity, immobility, and inadequate homeostasis - will be explored.

COURSE DIRECTOR: Mary Elizabeth Roth, MD, MSA, Immediate Past President of MAFP; Clinical Professor, Department of Family Practice, Wayne State University School of Medicine, Southfield

Overcoming Stress and Burnout: Stress-Busters for Physicians and Spouses

PRESENTED BY: MSMS Risk Management Committee

This course will provide physicians with an analysis of the stressors that affect physicians, personality characteristics leading to susceptibility to stress and advice on avoiding burnout.

COURSE DIRECTOR: Thomas C. Payne, MD, Chair, MSMS Risk Management Committee, East Lansing

Radiology Update for Clinicians

PRESENTED BY: Michigan Radiological Society

Presentations will cover multi-system manifestations of sarcoidosis, recognition of child abuse cases; and the new modality, Positron Emission Technology (PET).

COURSE DIRECTOR: A. P. Zingas, MD, Clinical Associate Professor, Department of Radiology, University of Michigan, Ann Arbor

Update in Office Management of Respiratory Diseases

PRESENTED BY: University of Michigan Medical School

Participants will learn disease management of rhinitis, pneumonia, COPD, and asthma as well as the use of simple tools in order to improve outcomes. One hour of time will be reserved for questions and discussion of participants' own cases.

COURSE DIRECTOR: Kim A. Eagle, MD, Senior Associate Chair

Michigan's Cancer Control Priorities: Clinical Practice Issues and Guidelines

PRESENTED BY: Michigan Cancer Consortium

This course will provide an overview of the clinical problem of cancer control in Michigan, including a brief description of the statewide Michigan Cancer Control Initiative being implemented to reduce cancer mortality and morbidity.

COURSE DIRECTOR: Aaron Scholnik, MD, Associate Professor of Medicine, Michigan State University College of Human Medicine, East Lansing

Basic Cardiac Life Support

PRESENTED BY: Michigan College of Emergency Physicians

This course will review basic cardiac life support, the role of the health care professional and the community in the emergency cardiac care system, techniques of adult and pediatric cardiopulmonary resuscitation, and ethical and legal considerations in CPR.

COURSE DIRECTOR: Kathleen Fenske, MD, Emergency Medicine, Sparrow Health System, Lansing

Thursday Morning, November 4

All morning courses run from 8:30 a.m. to noon with a half-hour break. Complimentary breakfast available at 7:30 a.m. Lunch provided in Patron Forum from noon - 2:00 p.m.

"Early Bird" Plenary Session, 7:15 a.m. - 8:15 a.m. **Hepatitis C**

Pediatric Office Update

PRESENTED BY: DeVos Children's Hospital

This course will review the recent trends in outpatient management of children with diabetes mellitus, asthma, the diagnosis of anemia and understanding clotting tendencies.

COURSE DIRECTOR: Nabil E. Hassan, MD, Director, Pediatric Blood Avoidance Medicine Service, DeVos Children's Hospital, Grand Rapids; Assistant Professor of Pediatrics at Michigan State University, East Lansing

Update in Infectious Diseases

PRESENTED BY: Division of Infectious Disease, Wayne State University School of Medicine

This update will present (1) the rationale use of antimicrobial agents with special emphasis on the role of new antimicrobials in the therapeutic armamentarium, (2) the impact that emerging resistance among common bacterial pathogens has had on the management of common infections in the outpatient setting, and (3) the appropriate and cost-effective use of the microbiology laboratory in the diagnosis of common infections.

COURSE DIRECTOR: Patricia Brown, MD, Assistant Professor, Division of Infectious Disease, Wayne State University School of Medicine

Life and Death Issues in Bioethics

PRESENTED BY: MSMS Committee on Bioethics

This course will focus on the bioethical considerations in assisted reproductive technology and the various ways physicians assist patients and their families with issues of death and dying.

CO-COURSE DIRECTORS: Evangeline J. Spindler, MD, Chair, MSMS Bioethics Subcommittee on ASM Course, Past President, Michigan Psychoanalytic Society, Faculty, University of Michigan and Wayne State University School of Medicine, Ann Arbor; and James Waun, MD, Vice Chair, MSMS Committee on Bioethics, East Lansing

Rheumatology for the Year 2000 & Beyond

PRESENTED BY: Michigan Rheumatism Society & Michigan Chapter Arthritis Foundation

This course will provide primary care physicians with information about rational use of nonsteroidals, COX-2 inhibitors, and new medications. Enbrel and Arava for rheumatoid arthritis.

COURSE DIRECTOR: Joseph J. Weiss, MD, Member, Michigan Rheumatism Society, Livonia

Public Health Discussion Forum

PRESENTED BY: MSMS, MDCH, MOA, MPHA

The purpose of this forum is to discuss important public health issues and how public health and organized medicine can work together more effectively at the state and local levels. The topics for discussion will include substance abuse, access to care, teen pregnancy, tobacco use, violence and infant/child health.

COURSE DIRECTOR: David Johnson, MD, Chief, Medical Executive, Director of Public Health, Michigan Department of Public Health, Lansing

Hands-On Introduction to Computers and the Internet*

PRESENTED BY: Michigan State Medical Society Committee on Technology in Medicine

This course will familiarize physicians with personal computer hardware, software, and common applications to include: word processing, presentation programs, and the Internet.

COURSE DIRECTOR: Nicholas J. Lekas, MD, chair, MSMS Committee on Technology in Medicine, Livonia

*The course will be held in the Oakwood Health Services Corporation computer classroom, approximately one mile from the Ritz-Carlton. Transportation will be provided.

Thursday Afternoon, November 4

All afternoon courses run from 2:00 p.m. to 5:30 p.m. with a half-hour break.

The Female Abuser: Her Role in Domestic Violence

PRESENTED BY: Michigan Psychoanalytic Society, MSMS Committee on Concerns of Women Physicians, MSMS Alliance

This course will explore the role of female as the perpetrator instead of the victim in domestic violence.

CO-COURSE DIRECTORS: Evangeline I. Spindler, MD, Past President, Michigan Psychoanalytic Society, Ann Arbor: Cassandra M. Klyman, MD, Chair, MSMS Comm. on Concerns of Women Physicians; and Blanche Mindlin. Past President, MSMS Alliance

Menopause Management: How to Deal with **Chronic Medical Conditions and Complications**

PRESENTED BY: Wayne State University School of Medicine

Designed for the primary care physician, this course will present indications and contraindications for the use of hormone replacement therapy, as well as alternatives for women with medical conditions during the menopausal years. Such conditions will include cardiovascular disease, diabetes, hypercoaguable states, liver and gallbladder disease, and estrogen dependent conditions (fibroids, endometriosis, endometrial and breast cancer). Participants are invited to present their most challenging patients.

COURSE DIRECTOR: Charla M. Blacker, MD, Director, Assisted Reproductive Technologies, Detroit

Issues in Contracted Care for Physicians and **Patients**

PRESENTED BY: Washtenaw County Medical Society

Expert panelists will use case studies to explore managed care contracting issues, and effective strategies for negotiating contracts that are conducive to providing quality care to patients.

CO-COURSE DIRECTORS: Martha Grav. MD and John E. Billi, MD, President, Washtenaw County Medical Society, Ann Arbor

Controversies in Pain Management

PRESENTED BY: Michigan Occupational & Environmental Medical Association

These lectures will review current controversies surrounding the care of the patient with chronic intractable noncancer pain and focus on particular issues which may be difficult in occupational and primary care settings.

COURSE DIRECTOR: Patrick J. Beecher, MD, Vice President, Michigan Occupation and Environmental Medical Association, Farmington Hills

MDCH MIDS Public Forum

PRESENTED BY: The Michigan Infectious Disease Society This forum will include an exchange of information and perspectives between key public and private sector health professionals grappling with communicable disease problems on a daily basis.

THURSDAY SPECIAL EVENTS

Specialty Society Presidents Luncheon

Noon – 2:00 p.m. The Ritz-Carlton Suite

Michigan Occupational & Environmental **Medical Association Meeting**

Noon - 1:30 p.m.

The Board Room

Estate Planning for Physicians

12:15 p.m. – 1:30 p.m. Salon 7 For more information, see page 20.

MSMS Women's Caucus

6:15 p.m. – 8:15 p.m.

Salon 3

Michigan Occupational & Environmental **Medical Association**

Carey Pratt McCord Lecture: Functional Ability Assessment for Today's Workplace

Speaker: Maynard Buszek, MD

6:30 p.m. – 9:30 p.m. The Gallery

For registration information, please contact Michelle Ogg at 313-567-1640.

University of Michigan Health System

Reception and Dinner

6:30 p.m. – 10:00 p.m. The Plaza Ballroom

Friday Morning, November 5

All morning courses run from 8:30 a.m. to noon with a half-hour break. Complimentary continental breakfast available at 7:30 a.m. Lunch provided in Patron Forum from noon to 1:30 p.m.

"Early Bird" Plenary Session - 7:15 a.m. - 8:15 a.m.

Data Needs in Health Care Delivery – Impact on Computer Based Patient Records

SPEAKER: Pierre S. Pincetl, MD, CIO, University of Utah Hospitals and Clinic, Salt Lake City, UT

Office Orthopaedics – "How To Treat and When To Refer"

PRESENTED BY: Detroit Academy of Orthopaedic Surgeons and Wayne State University School of Medicine

This course will provide the participant with the tools to evaluate, diagnose, and treat common non-operative orthopaedic conditions and how to identify "don't miss" conditions that would require surgical referral.

CO-COURSE DIRECTORS: Henry T. Goitz, MD, President, Detroit Academy of Orthopaedic Surgeons, Sterling Heights; and Steve A. Petersen, MD, Department of Orthopaedics, Wayne State University School of Medicine, Detroit

Headache, Allergy and Sinusitis

PRESENTED BY: Michigan Allergy and Asthma Society

Presentations will describe the relationship between headache, allergy, and sinusitis. The pathophysiology, diagnosis, clinical presentations, and the medical and surgical management of sinusitis will be reviewed.

COURSE DIRECTOR: Michael R. Simon, MD, President-Elect, Michigan Allergy and Asthma Society, Detroit

Physicians and Managed Care

PRESENTED BY: Michigan Association of Health Plans & Health Alliance Plan

This course will discuss the physician's role in quality improvements, utilization management and managed care plans.

CO-COURSE DIRECTORS: Marshall G. Katz, MD, Chair, Medical Directors Committee for MAHP, Dearborn; and Thomas Simmer, MD, Medical Director, Health Alliance Plan, Detroit

Dilemmas in Diagnosis and Management of Hemorrhagic and Thrombotic Disorders

PRESENTED BY: Division of Hemostasis & Thrombosis. Michigan State University College of Human Medicine, East Lansing

All you wanted to know about your patient who have thrombotic and bleeding problems, presented in a case discussion format with a preliminary introduction to clotting and new anticoagulants.

CO-COURSE DIRECTORS: John A. Penner, MD, Professor of Medicine, Chief, Section of Thrombosis, Michigan State University Department of Medicine; and Houria I. Hassouna, MD, Professor of Medicine, Director, Special Coagulation Laboratory, Michigan State University, Department of Medicine

Pain Management and Hospice Care

PRESENTED BY: MSMS Committee of Hospice Medical Directors

This course will include discussion of the following topics: symptom control, sedation, hospice care, pain management, and current legislation regarding end of life care.

COURSE DIRECTOR: Thomas M. George, MD, Co-Chair, MSMS Committee of Hospice Medical Directors, Kalamazoo

Current Topics in Medical Informatics

PRESENTED BY: Michigan State Medical Society Committee on Technology in Medicine

Information technology initiatives in Michigan, and the use of technology in clinical research, data collection, and analysis, will be discussed in this session.

COURSE DIRECTOR: Nicholas J. Lekas, MD, FACP, Chair, MSMS Committee on Technology in Medicine, Livonia

Friday Afternoon, November 5

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break.

Current Therapies in Otolaryngology

PRESENTED BY: Michigan Otolaryngological Society

This course will cover new treatments such as somnoplasty for sleep apnea and sinus disease, laser assisted myringotomy for otitis media in children, and surgical treatment for hoarseness.

COURSE DIRECTOR: Kathleen Yaremchuk, MD, President, Michigan Otolaryngological Society, Detroit

Colorectal Potpourri

PRESENTED BY: Michigan Society of Colon and Rectal Surgeons

Presentations will describe the evaluation and management of rectal bleeding, surgery in the immuno-compromised patient and the diagnosis and management of both colorectal cancer and ulcerative colitis.

COURSE DIRECTOR: John C. Eggenberger, MD, President, MSCRS

Diagnosis and Management of **Immunodeficiency**

PRESENTED BY: William Beaumont Hospital and Wayne State University School of Medicine

This course will review the clinical aspects that suggest altered or deficiency immunity in children and adults. The treatment of immune deficiency including the uses and abuses of intravenous immune globulin therapy will be covered.

COURSE DIRECTOR: Carl Lauter, MD, Chief, Division of Allergy and Immunology, Clinical Professor of Internal Medicine, Wayne State University School of Medicine, Royal Oak

Primary Care Management of HIV

PRESENTED BY: Wayne State University School of Medicine

This course will discuss models of HIV care to maximize the effectiveness of treatment while coping with current health care economics, family and social issues.

COURSE DIRECTOR: Jonathan Allen Cohn, MD, Assistant Professor of Medicine, Wayne State University School of Medicine, Detroit

Diagnosis and Treatment of Vascular Diseases

PRESENTED BY: Michigan Vascular Society

Primary care and specialist physicians will learn to diagnose and counsel patients on their vascular diseases and current therapeutic options.

COURSE DIRECTOR: Wavne K. Kinning, MD, President, Michigan Vascular Society, Flint

New Developments in Cancer Management

PRESENTED BY: Henry Ford Health System / Josephine Ford Cancer Center

Current, state-of-the-art, and future aspects of radiation therapy, chemotherapy, breast cancer, and prostate cancer will be presented.

COURSE DIRECTOR: Raymond Y. Demers, MD, Director, Clinical Services, Josephine Ford Cancer Center, Henry Ford Health System, Detroit

FRIDAY SPECIAL EVENTS

HMO Medical Directors Luncheon

Noon – 2:00 p.m.

The Ritz-Carlton Suite

Michigan Allergy and Asthma Society Meeting

Noon – 2:00 p.m.

The Governors Suite

Lunch with Lawmakers

12:15 – 1:15 p.m.

Salon 3

For more information, see page 20.

Michigan Society of Colon and Rectal Surgeons

6:00 p.m. – 10:00 p.m.

The Gallery

Hands-On Introduction to Computers and the

PRESENTED BY: Michigan State Medical Society Committee on Technology in Medicine

This course will familiarize physicians with personal computer hardware, software, and common applications to include: word processing, presentation programs, and the Internet.

*The course will be held in the Oakwood Health Services Corporation computer classroom, approximately one mile from the Ritz-Carlton. Transportation will be provided.

COURSE DIRECTOR: Nicholas I. Lekas, MD, Chair. MSMS Committee on Technology in Medicine, Livonia

COOPERATING ORGANIZATIONS

SPECIALTY ORGANIZATION

Detroit Academy of Orthopaedic Surgeons

Health Alliance Plan

Michigan Academy of Family Physicians

Michigan Allergy and Asthma Society

Michigan Association of Health Plans

Michigan Cancer Consortium

Michigan College of Emergency Physicians

Michigan Department of Community Health

Michigan Dermatological Society

Michigan Occupational & Environmental Medical Association

Michigan Otolaryngological Society

Michigan Pain Consultants, PC and ProCare Systems

Michigan Psychoanalytic Society, MSMS Committee on

Concerns of Women Physicians, MSMS Alliance

Michigan Radiological Society

Michigan Rheumatism Society & Michigan Chapter Arthritis Foundation

Michigan Society of Colon and Rectal Surgeons

Michigan State Medical Society Committee on Technology in

Michigan State Medical Society Michigan Institute for Medical Quality

Michigan Vascular Society

MSMS Committee of Hospice Medical Directors

MSMS Committee on Bioethics

MSMS Risk Management Committee

Michigan Osteopathic Association

Michigan Public Health Association

Physician's Review Organization of Michigan

Washtenaw County Medical Society

Wayne County Medical Society

MEDICAL SCHOOLS

Michigan State University College of Human Medicine, Division of Hemostasis & Thrombosis

Wayne State University School of Medicine,

Department of Neurology

Division of Infectious Disease

University of Michigan Medical School

HOSPITALS

DeVos Childrens Hospital

Henry Ford Health System, Josephine Ford Cancer Center

Oakwood Hospital and Medical Center

University of Michigan Hospitals

1000 . The Pite Caulton Dogwhom

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City State Zip Cou	inty	MEETING			
Phone (include Area Code) Fax		Adopt-a-Doctor Discount*			
Email Address		Take \$25 off your registration total if you			
Previous attendee? Yes 🗌 No 🗆 MSMS Member: Yes 🗆	No 🗆 Resident	bring a physician who has never attended (or			
Specialty Other		if you have never attended) an MSMS Annual Scientific Meeting.			
CHOOSING YOUR COURSES: Please of choice for each morning and/or afternoon se		Your "adopted doctor" is			
Wednesday Morning, Nov 3	☐ Beaumont Lecture (No Fee)	YOUR PAYMENT			
8:30 a.m. to noon with a half-hour break 2 Quality Improvement: Real Life Applications 2 The Management of Chronic Pain	☐ Thursday Lunch (No Fee)*	MAPA Members: \$65 per course MSMS Members: \$65 per course MSMS Members with "retired status": \$35 per course			
 Peer Review: Process & Outcomes Frequently Encountered Neurological Problems Hair, Nails & Moles Basic Cardiac Life Support 	Thursday Afternoon, Nov 4 2:00 p.m. to 5:30 p.m. with a half-hour break 1 2 The Female Abuser: Her Role in Domestic Violence	Residents: \$35 per course Non-Members: \$85 per course Nurses: \$65 per course Students: No Course Fee			
Wednesday Lunch (No Fee)* Wednesday Afternoon, Nov 3 1:30 p.m. to 5:00 p.m. with a half-hour break 1 2 Update in Otolaryngology for the Primary Care Physician 1 2 The Five "I"s of Geriatrics 1 2 Overcoming Stress & Burnout: Stress-Busters for	 Menopause Management: How to Deal with Chronic Medical Conditions & Complications Issues in Contracted Care for Physicians and Patients Controversies in Pain Management MDCH MIDS Public Health Forum Friday Morning, Nov 5	**NOTE: Each attendee must pay a \$25 one-time registration fee. Includes registration materials, handouts, refreshments, and plenaries. Multiply total number of half-day courses by appropriate fee: x \$65 (members) = \$			
Physicians and Spouses 1 2 Radiology Update for Clinicians 1 2 Update in Office Management of Respiratory	☐ "Early Bird" Plenary Session - 7:15-8:15 a.m. Data Needs in Health Care Delivery – Impact on Computer Based Patient Records (No Fee)	x \$35 (retired & residents) = \$ x \$85 (non-members) = \$			
Diseases Michigan's Cancer Control Priorities: Clinical	8:30 a.m. to noon with a half-hour break	x \$65 (nurses) = \$			
Practice Issues & Guidelines	1 2 Office Orthopaedics – "How to Treat and When to Refer"	x \$0 (students) = \$			
1 2 Basic Cardiac Life Support Thursday Morning, Nov 4	 Headache, Allergy and Sinusitis Physicians and Managed Care Dilemmas in Diagnosis & Management of 	One-time Registration fee** + \$ 25.00			
☐ "Early Bird" Plenary Session – 7:15-8:15 a.m. Hepatitis C (No Fee)	Hemorrhagic & Thrombotic Disorders Pain Management & Hospice Care	Adopt-a-Doctor Discount* (\$25) — \$ (TOTAL = \$			
8:30 a.m. to noon with a half-hour break 1 2 Pediatric Office Update 1 2 Update in Infectious Diseases	Current Topics in Medical Informatics Friday Lunch (No Fee)*	Check Enclosed			
1 2 Life and Death Issues in Bioethics	The same of the sa	Charge to: VISA MasterCard			
 Rheumatology for the Year 2000 & Beyond Public Health Discussion Forum Hands-On Intro to Computers & The Internet 	Friday Afternoon, Nov 5 1:30 p.m. to 5:00 p.m. with a half-hour break 1 2 Current Therapies in Otolaryngology	Card #			
	1 2 Colorectal Potpourri1 2 Diagnosis & Management of Immunodeficiency	Exp. Date			
*LUNCH: Advance notice is requested so MSMS can give an accurate guarantee. Please indicate which days you want	 Primary Care Management of HIV Diagnosis & Treatment of Vascular Diseases New Developments in Cancer Management 	Printed Name on Card Authorized Signature Make checks payable to and mail to: Michigan State Medical Society			
a lunch ticket. Lunch is served from noon to 1:30 p.m.	1 2 Hands-On Intro to Computers & The Internet				

The MSMS Committee on CME Programming, an organization accredited by the MSMS Committee on CME Accreditation, designates this activity meets the criteria for a maximum of 19 hours of Category I Credit toward the requirements for Michigan relicensure and of the Physician Recognition Award of the AMA, provided it is completed as designed. Each concurrent CME course offers 3 hours of Category I CME credit unless otherwise noted. The plenary session on Friday morning offers 1 hour of Category I CME credit.

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For more information: Call 517-336-7580 To register by phone: Call 517-336-5766

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NEWSMAKERS

Sheryl A. Wissman, MD, a family practitioner from Detroit, was named medical director of Glennan Medical Group in Detroit. Doctor Wissman is a Detroit area Family Practitioner.

Anthony D. Burton, MD, MPH, from Ann Arbor, was named medical director of Saint Joseph Mercy Health System Employee Health Services.

Sonia Parks, MD, an anatomic/ clinical pathologist from Detroit, was recently named to the 1999-2000 inaugural class of Urban Health Initiative Fellows. Doctor Parks is also associate director in provider relations for Blue Cross and Blue Shield of Michigan.



Manuel Valdivieso, MD, a medical oncologist from Dearborn, received the American Cancer Society's Light the Night award. This award honors individuals who strive to alleviate cancer through research.

Doctor Valdivieso is also director of Oakwood Healthcare System Cancer Center of Excellence.

Mark A. Noffsinger, MD, an orthopedic surgeon from Kalamazoo, was elected President of the American Fracture Association. The association is dedicated to improving fracture care.

Floyd Westendorp, MD, was awarded the 1998 MHA Physician Leadership Award, which recognizes recipients' contributions to health care. He established the Pine Rest Christian Hospital and is director of treatment, normalization and prevention at the Michigan Department of Mental Health.

Max T. McKinney, MD, a physician from Farmington Hills, was also awarded the 1998 MHA Physician Leadership Award. Doctor McKinney is also chairman of the Botsford's Department of Family Medicine.

Dexter W. Shurney, MD, MBA, recently received the 1999 Alumnus of the Year Award from the Black Alumni of Loma Linda and La Sierra Universities in Southern California. Doctor Shurney is also the Blue Cross Blue Shield of Michigan Medical Director.

Lawrence R. Crane, MD, an expert on infectious diseases from Detroit, was named medical director of the AIDS Partnership Michigan. Doctor Crane is also director of the Infectious Diseases

Outpatient Clinic at the Detroit Medical Center/Wayne State University.

Roshni Kulkarni, MD, professor of Pediatric and Human Development at Michigan State University, received the William B. Weil Jr., MD, Endowed Distinguished Pediatric Faculty Award for 1998-1999.



John M. MacKeigan, MD, a colon and rectal surgeon from Grand Rapids, was elected president-elect of the American Society of Colon and Rectal Surgeons. Doctor MacKeigan is also serves on the board of Blue Cross Blue Shield of Michigan and is Vice Chair of the MSMS Board.

Bill Cheeseman, Chief Executive Officer of Mutual Insurance Corporation of America, received Michigan's 1999 Ernst & Young Entrepreneur of the Year award. The award was created to highlight entrepreneurs whose achievements designate them as outstanding leaders in business.

NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

Adib O Abdolkarim, MD Canton Cynthia Aks, MD Bloomfield Hills Anita L Antoniolli, MD Petoskey Mark C Antonishen, MD Petoskey Mona Arabi, MD Dearborn Terry Bowers, MD Troy Rebecca L Bultman, MD Grand Rapids Nachhattar S Buttar, MD Flint Michael D Castillo, MD Roseville Christine C Chamberlain, MD Royal Oak Seid Cosovic, MD Troy Steven G Cunningham, MD Howell Chris Dale, MD Southfield Emmanuel P Dizon, MD West Bloomfield Robert J Dean, DO Grand Rapids Renee J Elderkin, MD Hudsonville Susan I Farkas, MD Allen Park Harry W Fischer, MD Alma William A Frauenheim, MD Holland

David James Freestone, MD Ithaca

Margaret Gold, MD Seattle

Rajiva Goyal, MD Bay City

William Higginbotham, MD Southfield Wendell J Hyink, MD Niles Venkata Jasty, MD Detroit Clifford Jones, MD Grand Rapids Eric A Kovan, DO Beverly Hills Mark Kuriata, DO St. Joseph Sanjeev Kurichh, MD Jonesville Zal K Kutar, MD Lansing Martin D Maag, MD Lansing Lawrence I Mallon, MD Muskegon Keith C Mc Kenzie, MD Warren Candace S Metcalf, DO Lansing Shaheen K Mohammed, MD Flint Adnan Munkarah, MD Detroit Benjamin B Nguyen, MD Pontiac Sean P O'Brien, MD Kalamazoo Adrian Mahendra M Ogle, MD Farmington Hills Alaa Owainati, MD Pontiac Patrick Reddan, MD Kalamazoo Geeta D Rode, MD Southfield Elizabeth H Sbaschnig, MD Troy Helavne L Sherman, MD Grand Rapids Harshinder Singh, MD Grand Rapids Russell J Struble, MD Bay City Edward Sung, MD Ann Arbor Kirk P Swabash, DO Petoskey Dace Valduss, MD Haslett Venkatramana Vattipally, MD Fenton Ierome M Wiater, MD Beverly Hills Mallory Williams, MD Detroit Curt J Wimmer, MD Southfield

OBITUARIES

Reuven Bar-Levay, MD, died June 11, 1999. He was 72. Doctor Bar-Levav graduated from Wayne State University Medical School in

1962. He specialized in psychotherapy at his private practice in Southfield. Doctor Bar-Levay was a member of the Wayne County Medical Society, and MSMS.

Karen A. Bentley, MD, died April 29, 1999. She was 52. Doctor Bentley graduated from Michigan State Medical School in 1973. Doctor Bentley practiced pediatrics at Hurley Medical Center in Flint, Michigan. She was a member of the Society of Adolescent Medicine, Genesee County Medical Society, AMA, MD-PAC, and MSMS.

Andrew G. Brown, MD, died in May 1999. He was 85. Doctor Brown graduated from Wayne State University Medical School in 1942. He served in the Army Medical Corps from 1942 to 1946 and specialized in surgery at Grace Hospital in Detroit. Doctor Brown was a member of the Oakland County Medical Society, the Detroit Academy of Surgery, the American College of Emergency Medicine, AMA, and MSMS.

Paul R. Dumke, MD, died March 18, 1999. He was 88. Doctor Dumke graduated from Western Reserve Medical School in 1937 and served in the U.S. Army. He practiced anesthesiology at Henry Ford Hospital in Detroit. Doctor Dumke was a member of the Wayne County Medical Society, Detroit Academy of Medicine, AMA, and MSMS.

Robert W. Dustin, MD, died April 25, 1999. He was 73. Doctor Dustin graduated from Ohio State

University in 1948. He practiced obstetrics and gynecology at St. Ioseph Mercy Hospital in Pontiac and William Beaumont in Royal Oak. Doctor Dustin also taught at Wayne State University and was a chair on the Maternal and Perinatal Health Committee. He was a member of the ACOG, AMA, Oakland County Medical Society, and MSMS.

Reginald A. Frary, MD, died April 4, 1999. He was 100. Doctor Frary graduated from University of Nebraska Medical School in 1925. He specialized in ophthalmology. Doctor Frary served in the U.S. Army in WWI from 1918 to 1919. He was a member of the AMA, MD-PAC, the American Academy of Ophthalmology, Monroe County Medical Society, and MSMS.

James J. Humes, MD, died on May 6, 1999. He was 74. Doctor Humes graduated from Jefferson Medical College in 1948. He was chief pathologist at the autopsy of President John F. Kennedy at Bethesda Naval Hospital. Doctor Humes also practiced pathology at St. John Hospital in Detroit. He was a member of the Wayne County Medical Society, the American Society of Clinical Pathologists, the Association of Clinical Scientists, the AMA, and MSMS.

John P. Ludwick, MD, died in May 1999. He was 73. Doctor Ludwick graduated from Harvard College of Medicine in 1951. He served in a MASH hospital in the Korean War, and served as a general practitioner at Foote Hospital in Jackson. He was a member of the AMA, Jackson Medical Society, and MSMS.

W. Earl Redfern, MD, died February 2, 1999. He was 82. Doctor Redfern graduated from University of Nebraska Medical School in 1941. He practiced internal medicine at Henry Ford Hospital, Doctor Redfern was a member of the AMA. Wayne County Medical Society, and MSMS.

Zwi Steiger, MD, died February 4, 1999. He was 77. Doctor Steiger graduated from Charles University Medical School in Prague, Czechoslovakia in 1949. He was a surgeon at V-A Hospital in Dearborn, Michigan. Doctor Steiger was a member of the American Thoracic Surgical Society, AMA, Wayne County Medical Society, MD-PAC, and MSMS.

Robert F. Thimmig, MD, died on May 28, 1999. He was 74. Doctor Thimmig graduated from Marquette University School of Medicine. In WWII he served as a B-17 navigator. He was also a general surgery practice in Lansing, Michigan and a Fellow of the American College of Surgeons. Doctor Thimmig was a member of the Ingham County Medical Society, AMA, and MSMS.

13th ANNUAL

Pulmonary Critical Care Symposium

Saturday October 23, 1999

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DISCIPLINARY ACTIONS

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate actions and are reproduced verbatim from summaries prepared by the Michigan Department of Consumer and Industry Services, Office of Health Services.

Name: Nemer E. Hanna, MD, 5342 Vincennes Dr., Bloomfield, MI 48302

Action, Date Taken: 05-18-99; Probation- 2 yrs.; Summary Suspension Dissolved.

Reason: Mental/Physical Inability to Practice

Name: Michael S. Weisenfeld, MD, 78 W. ferry St., Apt. 18, Detroit, MI 48202

Action, Date Taken: 04-29-99; License Suspendedminimum 6 mo. Commencing 8-18-99.

Reason: Criminal Conviction

Name: John J. Baga, MD, 14800 W. McNichols., Ste. 314, Detroit, MI 48235

Action, Date Taken: 04-26-99; License Suspendedminimum 6 mo. & 1 day.

Reason: Mental/Physical Inability to Practice

Name: James S. Close, MD, 405 W. Greenlawn, Lansing, MI 48910

Action, Date Taken: 05-26-99; Probation- 3 mo.; Fine-\$500.00.

Reason: Failure to Meet Continuing Education Requirements

Name: Mark Greenbain, MD, 21810 Sheffield, Farmington, MI, 48335

Action, Date Taken: 05-21-99; Reprimand; Fine-\$500.00.

Reason: Probation Violation

Name: Carolyn A. Lamonica, MD, 463 Lake Forest Blvd., Kalamazoo, MI 49006

Action, Date Taken: 04-26-99; License Summarily Suspended.

Reason: Mental/Physical Inability to Practice

Name: Carolyn A. Lamonica, MD, 463 Lake Forest Blvd., Kalamazoo, MI 49006

Action, Date Taken: 05-07-99; Summary Suspension Dissolved.

Name: Antonio Q. Villarta, Jr., MD, 3070 Whisperwood, #495, Ann Arbor, MI 48105

Action, Date Taken: 05-26-99; License Suspendedminimum 6 mo. & 1 day: Fine-\$5,000.00.

Reason: Negligence/Incompetence

Name: Robert L. Alexander, MD, 3333 S. Pennsylvania Ave., Lansing, MI 48910

Action, Date Taken: 07-17-99; On remand from the Ingham County Circuit Court. Fine-\$50,000.00.

Reason: Criminal Conviction-Drug Related

Name: Caesar A. Austin, MD, 17563 Greenfield Rd. #2, Detroit, MI 48235

Action, Date Taken: 06-16-99; Reprimand; Probation-

Reason: Failure to Meet Continuing Education Requirements

Name: Frank L. Clark, MD, 2970 W. Newburg Rd., Carleton, MI 48117

Action, Date Taken: 07-08-99; Reinstatement Denied

Name: Andrejs Dimants, MD, 414 W. Michigan, P.O. Box 189, Three Rivers, MI 49093

Action, Date Taken: 06-08-99; Modification of Final Order Granting Reinstatement dated 1-27-99. Reinstated w/ Unlimited License Probation

Name: Daniel X. Garcia, MD, Battle Creek Sports Medicine & Orthropaedic Center, P.C., Two Heritage Oak Lane, Battle Creek, MI 49015

Action, Date Taken: 06-16-99; Fine-\$5,000.00

Reason: Negligence.

Name: Lawrence S. Hawkins, MD, Pennock Hospital,

1009 W. Green St., Hastings, MI 49058

Action, Date Taken: 06-16-99; Fine-\$100.00 Reason: Negligence.

Name: Michael K. McAlvey, MD, Okemos Family Practice Assoc., Suite D, 100 W. Grand River, Okemos, MI 48864

Action, Date Taken: 06-16-99; Fine-\$100.00 Reason: Negligence.

Name: Roger M. Morrell, MD, 27754 Rackham Dr., Lathrup Village, MI 48076

Action, Date Taken: 06-08-99; Upon successful completion of SPEX examination, reinstatement w/Unlimited License Probation-1 yr.

Name: Sharadchandra B. Patel, MD, 4832 Pebworth Place, Saginaw, MI 48603

Action, Date Taken: 06-16-99; License Suspended- 6 mo. & 1 day Summary Suspension Dissolved Reason: Criminal Conviction.

Name: Stephen L. Peck, MD, 1535 Gull Road, Ste. 205, Kalamazoo, MI 49001

Action, Date Taken: 06-16-99; Fine-\$2,500.00 Reason: Negligence.

Name: Carol Sims Robertson, MD, 9150 Yorkshire, Detroit, MI 48224

Action, Date Taken: 06-08-99; Upon successful completion of SPEX examination, reinstatement w/Unlimited License Probation-1 vr.

LEGACY

Your name, and those of your honored loved ones, will stand for generations as a symbol of benevolence and purpose through a gift to the Michigan State Medical Society Foundation.



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This type of gift allows you to increase your income, receive a charitable contribution deduction, avoid capital gains tax and support the MSMS Foundation. Among those options are charitable remainder trusts and charitable remainder unitrusts.

For assistance in establishing your legacy through the MSMS Foundation, please contact:

Judith E. Marr, Executive Director Phone: 517-337-1351

Fax: 517-337-2490 Email: jmarr@msms.org





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SEEKING POSITION

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*Author's Note: Leonard J. Marcus, PhD, of the Harvard School of Public Health, is a speaker for the MSMS Leadership Skills Series.

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To Unionize or Not to Unionize

Krishna K. Sawhney, MD MSMS President

"Let us never negotiate out of fear, but let us never fear to negotiate." John F. Kennedy, Inaugural address, 1961



The AMA's recent move to form a negotiating unit wasn't a decision taken lightly. It reflects a real sentiment—primarily welling up among the younger generation of physicians—that physicians and their patients are being taken advantage of.

Out of fear of losing established patient relationships or getting squeezed out of an important health plan contract or losing a salaried position, physicians have been forced to settle for less. Less professional autonomy, less professional credibility, less professional clout, lower quality patient care—nearly every move and decision a physician makes is questioned or reviewed. Pitted against the strength of large health plans, physicians can feel powerless at times. Compounding the problem is the legal impediment that prohibits physicians in small groups or solo practice from negotiating as a group with health plans or other parties. Doing so is an antitrust violation.

Given these unfair disadvantages at the start of the game, physicians therefore felt it was time to ask the AMA to 1) eliminate the anti-trust barrier to negotiating with health plans, and 2) to form a negotiating unit to educate physicians and provide the expertise to assist them in negotiations.

Although reaction among physicians is mixed to forming a negotiating unit, many have said they'd welcome the immediate clout and presence the AMA could bring to the table. Without a doubt, an effective negotiating unit would accomplish one very important thing: it would allow physicians to negotiate confidently from a position of strength so that physicians and their patients don't come out losers.

But physicians are adamant that this newly created negotiating unit be something very different from a traditional negotiating body. This is because traditional methods of labor negotiation, such as use of strikes, would be out of the question since they could jeopardize our patients' well being. The negotiating unit's emphasis would be on negotiation strength and experience in negotiation. The negotiating unit would represent and protect the real issues of physicians and patients, ensuring they won't get squashed under the weight of corporate bureaucracy. Ideally, the mere suggestion of calling in the AMA negotiating unit would get the job done for physicians and their patients.

The AMA's move to form a negotiating unit also is a cry to our Representatives for help: to change the anti-trust laws that prohibit physicians from negotiating in-groups. Legislation is needed to level the playing field for physicians. Only by opening the legal door to negotiation will physicians be able to defend against the numerous arbitrary and unacceptable dictates of health plans. Then with the help of expert negotiators, physicians can sift through the legal mumbo-jumbo and negotiate from a position of advantage rather than disadvantage.

We see progress in this arena. Texas Gov. George W. Bush has already signed into law a bill in his state to allow physicians to negotiate in-groups without violating the anti-trust laws. Given Gov. Bush's prominence and aspirations, perhaps we'll see movement on this issue nationally.

Some critics of the AMA decision to create a negotiating unit have said this issue is about money. It's not. It's about professional autonomy and dignity. It's about leveling the playing field for physicians. It's about retaining the trust and confidence of our patients. It's about preserving the ability to practice medicine using our knowledge and professional judgment rather than ceding to administrative dictate. It's about maintaining quality care for our patients.

The words above, spoken by the late President John F. Kennedy, contain a message for physicians. Let us never negotiate out of fear. It places one at a disadvantage, in a position to accept the unacceptable. But let us never fear to negotiate. With the AMA behind us and the ground rules changed, physicians will have the ability to negotiate from a position of renewed strength.

Only time will tell if the AMA's unprecedented action will prove to be the right one for physicians and their patients. This is new territory the AMA is exploring.

Share Your Thoughts

I would love to hear from you and I encourage my colleagues to express their views. Call me at MSMS at (517) 336-5777, or email a message to ksawhney@msms.org.

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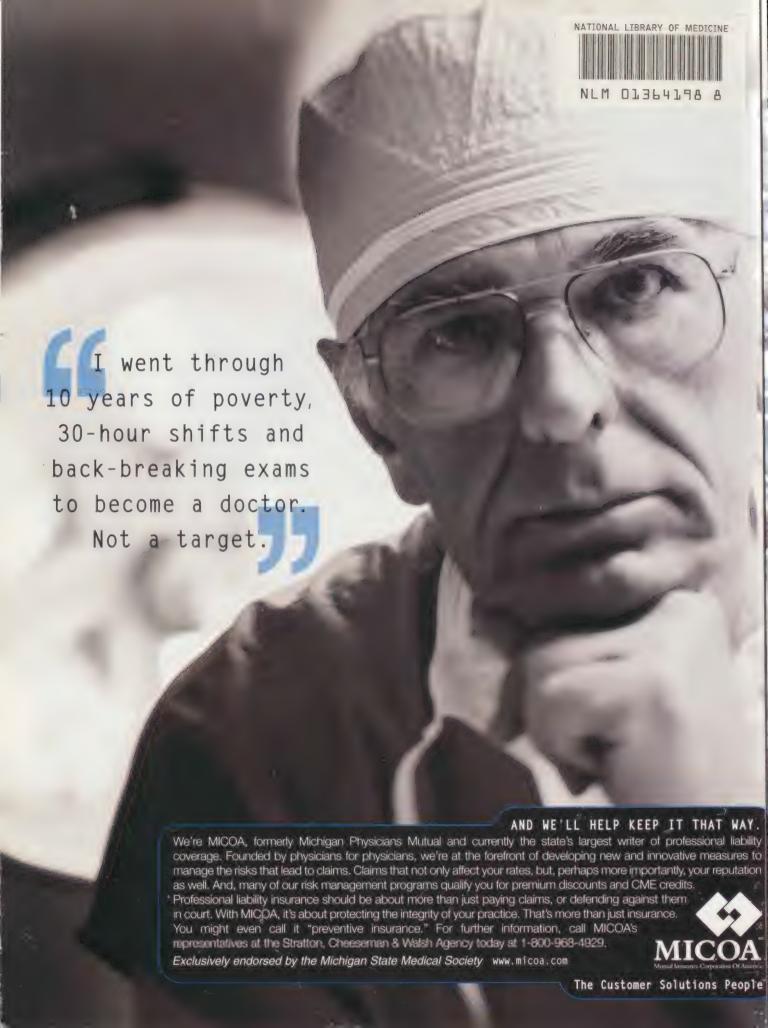


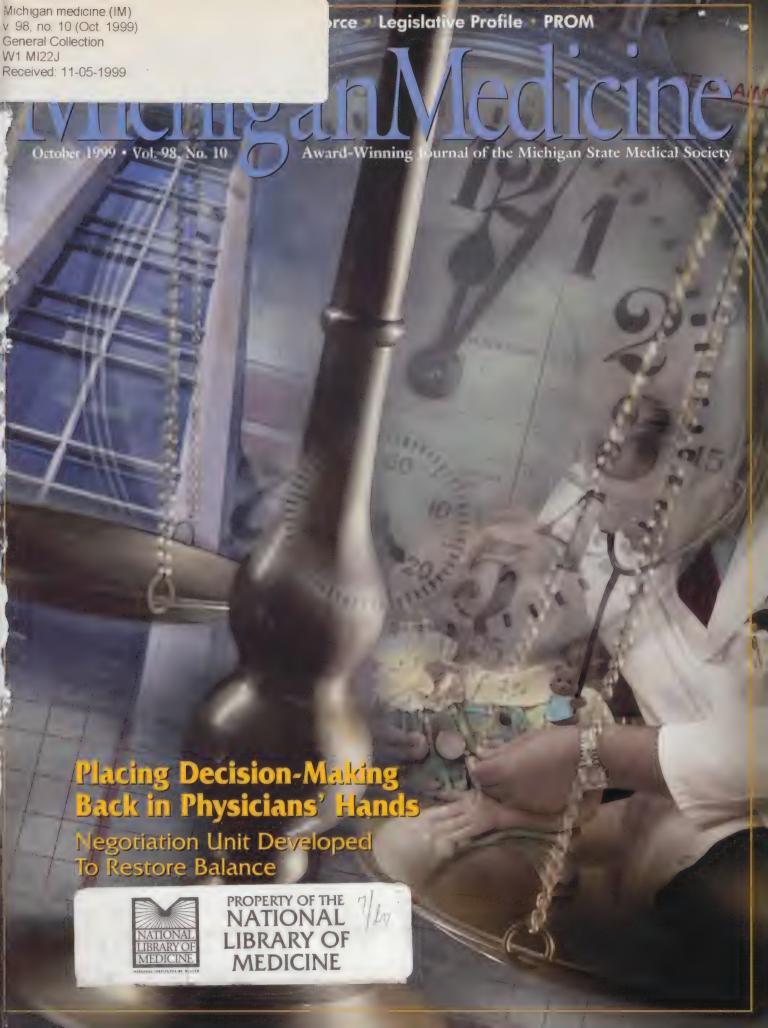
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<u>Ichiean Medicine</u>

COVER STORY



Cover design by Kim Kauffman.

Placing Decision-Making Back in Physicians' Hands: Negotiation Unit Developed to Restore Balance and **Control of Patient Care**

Within the past 20 years, the way in which physicians practice medicine has changed dramatically. Where once a physician would see patients whenever they needed care, dispensing medical advice as he or she saw fit, those decisions are now increasingly being taken out of the practitioner's hands and placed into unseen bureaucrats with an eye for the bottom line.

That's why a recent decision by the AMA to develop physician negotiation units for doctors has been met with resounding support by physicians across the country, including Michigan. By Kathleen Farrell

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SPECIAL FEATURE

A View from Outside: The Significance of External Peer Review

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Learn how the Physicians Review Organization of Michigan (PROM) provides unbiased, third-party review of medical groups to enhance practice operations.

By Ahmad Abdul-Qadir

LEGISLATIVE PROFILE

Congressman Nick Smith: Restoring Power to Physicians and Patients

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Michigan physicians and patients have an advocate in Washington as U.S. Rep. Nick Smith (R-7th District) focuses on two important components of health care during the 106th Congress: restoring decision-making power to physicians and patients, and assisting those without health insurance. By Jennifer Higgins

October 1999 Volume 98, Number 10

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The mission of the Michigan State Medical Society is to promote a health care environment which supports physicians in caring for and enhancing the health of Michigan citizens through science, quality, and ethics in the bractice of medicine.

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Quality Health Care Coalition Act of 1999

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The Quality Health Care Coalition Act of 1999, HR 1304, combats the leverage managed care organizations has over physicians and patients when contracting for coverage.

SPECIAL FEATURE

Who "Owns the Bones?"— The Michigan Osteoporosis Strategic Plan

32

To tackle the problem of indifference to osteoporosis issues, a statewide blue ribbon group of 59 physicians, nurses, aging experts, and community health leaders joined in 1998 to form the Michigan Osteoporosis Planning Group.

By Ralph D. Ward

PHYSICIAN PROFILES

Dedicated Physicians Strive to Improve Society

36

Discover how the life achievements of R. Gerald Rice, MD, are being honored by his friends and colleagues. Also, have a "heart-to-heart" chat with cardiologist Prem Ghai, MD. By Heather Hoyle

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The Michigan State Medical Society Committee on Publications is the editorial board of Michigan Medicine and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

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Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. It is published on a monthly basis. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, \$100.00 (includes weekly Medigram newsletter); single copies, \$5.00. Printed in USA. All communications relative to articles, news, exchanges and classified advertising should be addressed to Kristen Lare Flory, advertising to Judy Hudson, and address changes to Janet Button, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351. POSTMASTER: Send address changes to Michigan Medicine, P.O. Box 950, East Lansing, MI 48826-0950

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Michigan State Medical Society P. 0. Box 950 East Lansing, Michigan 48826-0950. Phone 517-337-1351 Member Services Hotline 800-914-6767 ©1999 Michigan State Medical Society

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Virtual House Call

Here's What You Can Look Forward To

By Jon Morgan

In the operating manual that could be written for the Michigan State Medical Society
Web site, there would be two short instructions on its use: 1. Type in www.msms.org; 2. Walk away well informed. With all of the services and features we keep adding, there would be a new manual to read each month.

Go to www. msms.org

As the Web site coordinator, I've been placed in charge of updating the content of our Web site, and making sure that it stays on the course set at the time of its launch. Certainly, we want both members and non-members to walk away from our site with an understanding of what's happening in health care.

Members Only

Members can log onto the "Members Only" section of the Web site whenever they want to catch up on the latest Michigan State Medical Society news. We'll post meeting agendas, Leadership News, and other pieces of information we think will benefit our membership.

As a MSMS member is accessing the private part of our Web site, you will be asked for a username and password. In all cases, the username will be the member's last name and the last four digits of their social security number. For example, if my social security number was 123-45-6789, I would type in "morgan6789" for my username. The passwords are the entire social security number, and should be entered in without dashes. For example, I would type my password in as "123456789." Your browser will display asterisks in place of the numbers you type in. This is an additional security feature.

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save you time, as well as keep you updated. When we conduct surveys of our members to see where they stand on the issues, we'll enable you to vote right inside the Member's Only Web page. You'll be able to offer your feedback, and instantaneously see what your fellow doctors think.

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A Virtual News Stand

Currently, the online editions of Medigram, Michigan Medicine, the Master Calendar, and the Tip Sheet can be found at our News & Publication page, at http://www.msms.org/ newsandpub/. Currently, you have to do a bit of clicking if you want to read the information from each of these rich resources. So, we're designing a page that delivers all of the key information to you in one click, then shows you where to go if you want more. So, our information will always be convenient and obtainable, whether you're sneaking in a quick look, or catching up on the news during your lunch hour.

It will be like stopping in front of a magazine rack and browsing the summaries of their articles. You won't have to go into depth unless you really want to, but you will still stay abreast on everything that is happening. Now, imagine having an entire news rack stocked with the latest headlines delivered to your doorstep. We can do that through email. Whenever we make an update or change to the Web site that you've shown interest in, we'll send you an alert. Receive a summary of the articles in Medigram every week, and then follow the Web addresses that take you to the information you desire.

We're also continuing to send out email blasts, which are announcements about the key issues in medicine that we think members will find important. These go out to all of the members who have submitted their email addresses to MSMS. So far, the messages go out to approximately 2,000 recipients. One of our initiatives is to gather more email addresses, so we can reach more members.

The Internet is so versatile that one Web site can be many different things to visitors. We're working to make the MSMS Web site—and all of its services—a resource that caters to each member's needs.

The author is Web site Coordinator at MSMS.

Share Your Thoughts and Ideas:

- What changes, if any, would you like to see made to the Michigan State Medical Society Web site?
- What electronic services or features would you like to see added to the site?
- To receive breaking news and alerts whenever sections of the MSMS Web site are updated, send an email message to msms@msms.org.

If you'd like to comment on the MSMS Web site, Member's Only section, or any of the other ideas in this column, please contact Ion Morgan at MSMS at (517) 336-5764 or imorgan@msms.org, or send a letter to MSMS, attn: Ion Morgan, Web site Coordinator, 120 W. Saginaw, East Lansing, MI 48823.

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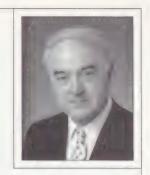
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Malpractice Expert Witness Statute Held

By Richard D. Weber, JD MSMS Legal Counsel



Question: I have read that the Michigan Supreme Court recently upheld the constitutionality of the Malpractice Expert Witness Statute. Would you please explain this decision and advise us what it really means for physicians.

Answer: The testimony of an expert witness as to the standard of practice and its violation is a condition precedent to pursuing a cause of action for malpractice. Until legislation was enacted in 1986, Section 702 of the Michigan Rules of Evidence was the only controlling law relative to the qualifications required of an expert witness. MRE 702 authorizes the trial judge to determine whether a proposed expert witness is qualified to testify as to the applicable standard of care and whether it was breached. This rule, authorizing a discretionary determination by the trial judge, more often than not led to a subjective decision that an expert was qualified to render an opinion to the jury based on the bare assertion by the expert that he or she was so qualified. In 1986, the legislature enacted a statute that placed some limitations on the trial judge's discretion. The proposed expert was required to be licensed and a specialist in the same specialty or a related, relevant area of medicine as the defendant's specialty. The proposed expert was also required to establish that he or she devoted a substantial portion of professional time to the active clini-

cal practice or instruction in an accredited medical school. In 1993 more restrictive legislation was enacted and became effective April 1, 1994. This current law is discussed in more detail below.

On July 30, 1999, the Michigan Supreme Court decided companion cases of McDougall v. Schanz and Sobran v. McKendrick. In the combined opinion, the Supreme Court upheld the constitutionality of the 1986 Expert Witness Statute. The issue was whether or not the statute violated the Separation of Powers provision of the Michigan Constitution which vests exclusive jurisdiction over court procedures with the judiciary. The Court held that the Supreme Court's constitutional rulemaking authority extends only to matters of practice and procedure, not to the enactment of court rules that establish, abrogate, or modify the substantive law. The Court held that a statutory rule of evidence violates the Michigan Constitution "only when no clear legislative policy reflecting considerations other than judicial dispatch of litigation can be identified." Since the statute reflects substantive policy considerations

relating to malpractice actions, not the mere dispatch of judicial business, the Court concluded that the statute is constitutional. The decision reversed prior Supreme Court decisions that focused on whether the statute conflicted with the court rule and, if so, the court rule prevailed. The majority first determined that a clear conflict exists. The Court then relied upon records of the debates of the drafters of the Michigan 1963 Constitution and the distinction drawn at the Constitutional Convention between substantive and procedural rules of evidence. In applying this substance/ procedure analysis, the Court held that the statute is an enactment of substantive law in that it reflects policy considerations relating to medical malpractice actions. The Supreme Court expressly agreed with the Court of Appeals dissent in the McDougall case, written by Judge Taylor (now Supreme Court Justice Clifford Taylor), that the statute:

"reflects a careful legislative balancing of policy considerations about the importance of the medical profession to the people of Michigan, the economic viability of medical specialists, the social costs

Editor's note: If you have legal questions you would like answered by MSMS legal counsel in this column, jot them down and send them to Kristen Lare Flory, managing editor, P.O. Box 950, East Lansing, MI 48826-0950.

of "defensive medicine," the availability and affordability of medical care and health insurance, the allocation of risks, the costs of malpractice insurance, and manifold other factors, including, no doubt, political factors—all matters well beyond the competence of the judiciary to reevaluate as justiciable issues."

Although the 1986 legislation was at issue, the Court specifically stated that the 1986 and 1993 versions of the Expert Witness Statute interact with MRE 702 in the same manner, so that "our decision applies with equal force to the 1993 version." The extension of this decision. to the more restrictive and current Expert Witness Statute is extremely significant. It will avoid further litigation and uncertainty as to the binding effect of the ruling on the current law.

The practical benefit of this decision to physicians cannot be understated. It means that the statute drafted and vigorously pursued to enactment by MSMS is the definitive law. It means that any expert witness testifying against a physician in a malpractice case must meet certain objective tests, in addition to licensure, which must be applied by the trial judge. If the defendant is a specialist, the expert must have specialized at the time of the occurrence in the same speciality. If the defendant is board-certified, the expert witness must also be board-certified in the same specialty. In addition, the expert must have devoted more than fifty percent of his or her professional time during the year immediately preceding the occurrence to the active clinical practice of that specialty and/or the instruction of that specialty in an accredited medical school. If the defendant is a general practitioner, the expert must have devoted more than fifty percent of his or her professional time during the year immediately preceding the date of the occurrence to the active clinical practice as a general practitioner and/or the instruction in an accredited medical school.

The Supreme Court ruling also maintains the viability of the Affidavit of Merit provision of the 1993 Malpractice Reform Legislation. This law mandates that the plaintiff file an Affidavit of Merit with the Complaint, signed by a health care professional who meets the requirements of the Expert Witness Statute. Had the Expert Witness Statute been held unconstitutional, the Affidavit of Merit would have also fallen. The Affidavit must certify that all medical records have been reviewed and must contain a statement as to the applicable standard of care, an opinion that the standard was breached, the actions that should have been taken or omitted to have complied with the standard, and the manner in which the breach was a proximate cause of the injury.

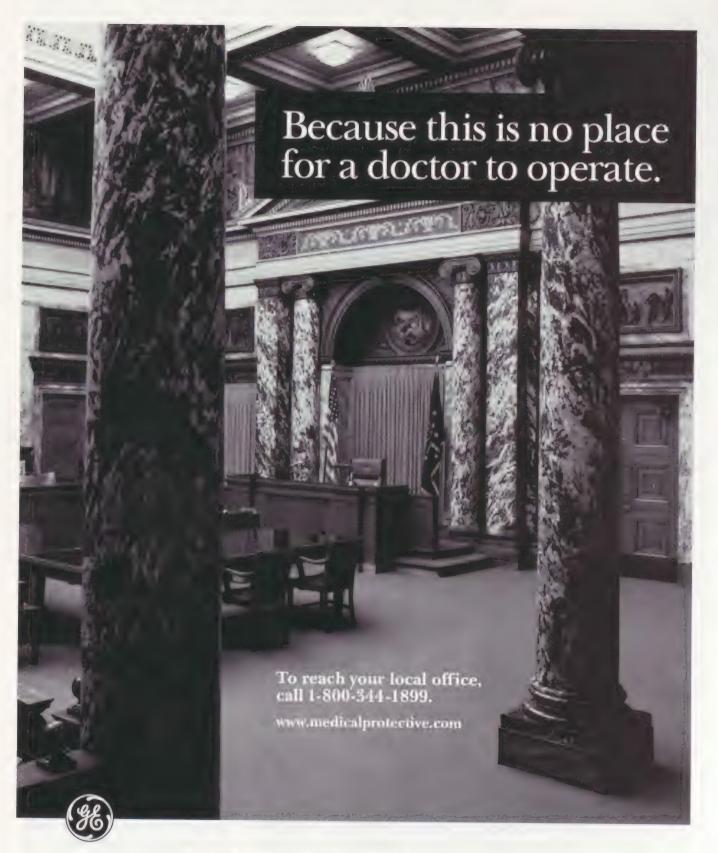
Justice Young wrote the decision and was joined by Chief Justice Weaver and Justices Brickley and Corrigan. Justice Taylor joined the opinion in the Sobran case only, and took no part in the McDougall decision for the reason that Justice Taylor, then a Court of Appeals Judge,

wrote the dissent in the Court of Appeals McDougall decision. Justice Kavanaugh wrote the dissent and was joined by Justice Kelly.

This was the first Michigan Supreme Court Decision on the constitutionality of any of the malpractice reform legislation provisions. Although the constitutional issue focused on the Separation of Powers provision of the Michigan Constitution, rather than the due process and equal protection clauses of the State and Federal Constitutions, which will be the focus of constitutional attacks on other sections of the legislation, this decision enhances the optimism that all sections will pass constitutional scrutiny. It can be said that no other decision ever rendered by the Michigan Supreme Court has a more direct benefit to physicians in Michigan.

MSMS filed amicus curiae briefs in the Supreme Court and in the lower courts during the long appellate process of these cases. It is clear that the Michigan Supreme Court gives substantial weight and credibility to MSMS that speaks with one voice on behalf of 14,700 Michigan physicians. All members of MSMS should be proud of this accomplishment. Without MSMS the vigilance in enacting the legislation and the pursuit of its constitutionality to the end would not have existed. Without MSMS the composition of the Supreme Court and the constitutional result would likely have been different.

The author is Senior Partner with Kerr, Russell, and Weber, Detroit, USA



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A View from Outside

The Significance of External Peer Review

By Ahmad Abdul-Qadir

octor Jones* and Doctor Thomas* spent nearly a dozen years working together at Memorial General Hospital in Small County. In that time, the two of them delivered nearly every baby born in the area. In such a small hospital, the closely knit staff never would have suspected that inappropriate obstetrics and gynecological care may have been taking place. Nor was the hospital board in a good position to draw any conclusions.

However, when the Board discovered that the annual report identified Memorial's C-section rates to be significantly higher than state and national averages for the fifth consecutive year, an investigation had to be made. Memorial's Board members had no desire to maltreat either of the two physicians, but in order to preserve their confidence in the quality of patient care, they decided that they needed to take precautionary measures. After deliberating for long hours behind closed doors, they decided that a neutral, external opinion was necessary.

Neutral Medical Review

Memorial General called on Physicians Review Organization of Michigan (PROM) to examine the medical records in order to deter-

> mine the medical appropriateness of care that had been delivered in cases dating back several years. Patient records were carefully selected to gain a fair population sample without developing any pre-bias.

> The physician consultants whom PROM uses to render peer reviews

must meet stringent guidelines for professionalism, trustworthiness and communication ability. PROM selects physicians who are known by their colleagues to be knowledgeable, competent, experienced and credible. Willard S. Stawski, MD, a Grand Rapids general surgeon, is the chair of PROM. "The main concept is that when physicians get into complex issues with insurance companies and their treatment is called into question, they need assurance that physicians, not

vested interests, will make the determination of medical necessity," said Doctor Stawski.

Donald C. Smith, MD, is PROM's medical director, "Physicians, insurers, and institutions should know that there is a body in the state where one can have confidence in terms of credibility and objectivity to help resolve dilemmas that arise out of differences of opinion between physicians and management," said Doctor Smith.

Practice and Precedure

PROM received photocopies of several dozen medical records and immediately sent them out to a participating physician for confidential peer review. In some instances, it may be necessary to use a team of physicians to perform a large number of reviews, but the OB/GYN who agreed to accept this particular review felt professionally obligated to provide the most consistent opinion possible, and so chose to review all 50 records herself.

Using C-section data based on hospital size and region (obtained from the Michigan Department of Community Health) and the American College of Obstetricians and Gyne-

PROM Services

- External Peer Review
- Clinical Care Analysis
- Reimbursement Appeals

*Note: The real names and specific circumstances in the following true example have been altered to maintain privacy and to protect all parties involved.

cologists' (ACOG) standards as a guide, the PROM physician consultant looked into each of the selected medical records carefully. Was each C-section performed due to reasons that most obstetricians would deem medically necessary? What trends in patient care, if any, become apparent after examining the records? These are the types of questions that the physician reviewer attempts to answer. For confidentiality reasons, the reviewer does not make any onsite visits or phone calls to the practice under review. While they knew that the records were under review, neither of the OB/GYNs knew

Willard S. Stawski, MD, Grand Rapids general surgeon, is the Chair of PROM.

responsible for evaluating the quality of their patient care.

Confidential Conclusions and Analysis

the identity of the physician consultant

After the PROM consultant completes an analysis, a summary report of findings, including the reviewer's objective medical opinion, gets reviewed by PROM staff for thoroughness before being returned in confidentiality to the requesting entity. PROM will work with the requesting party to help implement any changes that stem from the physician consultant's opinion, but in the Small County incident, PROM's involvement ended after the records had been returned to Memorial General Hospital.

No penalties. No fines. PROM's role in that situation was to provide an unbiased, third-party opinion, because a conflict of interest prevented the hospital staff from doing so. Memorial General Hospital has the responsibility to act on PROM's recommendation in a manner consistent with its wn policies and bylaws.

Privacy and Professionalism

Physicians' Review Organization of Michigan places special emphasis on three areas that set them apart from other review organizations:

- 1. All reviews are performed by board certified, practicing physicians.
- 2. PROM reviewers do not work within the narrow confines of a particular insurer's set of standards, but rather focus on the clinical situation and the determination of appropriate care.
- 3. Emphasis is on education, not coercion; reports are constructive rather than threatening.

Some people mistake PROM for Michigan Peer Review Organization (MPRO) or other similar acronyms. PROM is a not-for-profit subsidiary of the Michigan State Medical Society (MSMS) and the Michigan Osteopathic "They [physicians] need assurance that physicians, not vested interests, will make the determination of medical necessity,"

-Willard S. Stawski, MD, Chair, **PROM**

Learn more about external peer review at the 134th MSMS Annual Scientific Meeting during the seminar: Peer Review: Process and Outcome, Wednesday, November 3, 1999 at the Ritz-Carlton in Dearborn. Call 517-336-5766 to register.

Prerequisites of Effective Peer Review

- Complete confidentiality of information
- Immunity from liability for the peer review consultant
- Highly qualified physician reviewer, board certified in the specialty area related to the cases under review
- Reviewers of the highest moral character and professional integrity who are analytical-minded, equitable and excellent communicators
- Protection from conflicting interests

Association (MOA), managed by Medical Advantage Group (MAG), and overseen by a board of physicians to enhance patient care across Michigan.

PROM does not confine the scope of a

Purposes for Peer Review

- Evaluation of quality of care delivered by individuals or groups of practitioners
- Determination of the strength and weaknesses of care
- Identification of problems and making constructive recommendations for change in practice behavior

review to what an insurance company has determined is appropriate care. "True peer review is not reviewing a case according to what one insurance company claims is appropriate; true peer review is based on what objective physicians, experienced in that particular specialty, deem appropriate," said Doctor Stawski.

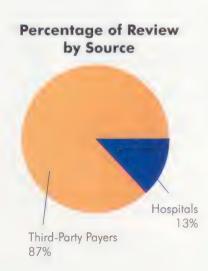
The Future of External Review

Improving medical care has been and will continue to be a major issue in the United States, especially as the drive for patients' rights heats up. Both the Republican and Democratic versions of a Federal Patients' Bill of Rights currently being discussed on Capitol Hill include provisions that will require external reviews of medical services rendered whenever disputes arise. In such an environment, independent physicians and physician groups are likely to discover a need for credible third-party opinions.

To avoid becoming trapped in an "us-versus-them" quagmire, physicians will find it to their advantage to explore the types of services that PROM provides. For example, after receiving a favorable review of the care that a group practice provides, that information could be used as convincing physical evidence of physicians' excellent care, thereby reducing the chance of an audit discovering otherwise.

To learn more about the external peer review program, and other PROM services, please contact Patricia A. Pejakovich at 336-1400, via email ppejakovich@MedicalAdvantageGroup.com, or visit the PROM Web site at http:// www.MedicalAdvantageGroup.com.

The author is a communications network specialist at MSMS.





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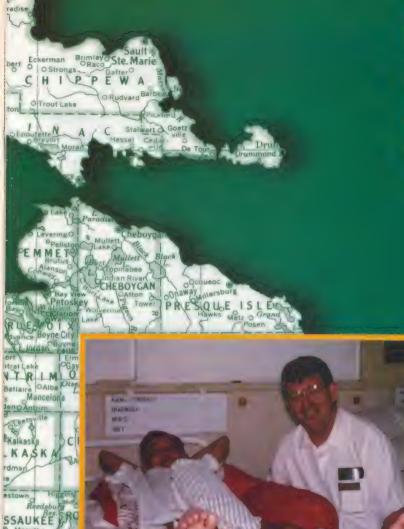
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nthony Munaco, MD, and his wife, Nancy Hurchick-Munaco, MD, Farmington Hills, have coached "countless" YMCA and Parks and Recreation youth sports activities. James Fahner, MD, Grand Rapids, is new Hospice of Michigan chair, as well as vice chair of the Make a Wish Foundation of Michigan, and board member of the Western Michigan Ronald MacDonald house. Terry Wortz, MD, and his wife Renee, of Delton, spent 15 months recently in Kazakhstan, where they set up primary care and mobile clinics, trained local physicians and established a child advocacy program for street kids.

All remarkable and commendable, these physicians are among many Michigan doctors and their families whose extraordinary community service stories are told here.

Through this special insert to Michigan Medicine, MSMS, the MSMS Alliance, MICOA, Stratton Cheeseman & Walsh and Blue Cross Blue Shield of Michigan turn the spotlight on physicians like Doctors Munaco, Fahner and Wortz who volunteer their time in their communities.

By telling their stories, the 3rd annual Michigan "Doctors and Their Families Make a Difference" project also hopes to encourage more Michigan physicians and their families to lend their volunteer efforts to their communities.

Under the auspices of the MSMS Foundation, the project both celebrates the current community service activities of Michigan doctors and their families, and provides an opportunity to become involved in a statewide project to benefit family crisis shelters.

"Our colleagues and their families across the state do so many good things to benefit their communities," acknowledges MSMS President Krishna K. Sawhney, MD. "We think it is important to give them a pat on the back for their service."

"By sponsoring our own project and identifying others who need willing hands and hearts, we seek to encourage those who have not yet become involved in community service," adds Sue Van Tuinen, MSMS Alliance President.

We hope you enjoy this tribute to Michigan physicians and their families, including the recipients of the 1999 MSMS Community Service Awards, and join us in observing national "Make a Difference Day" Saturday, October 23, through our statewide volunteer project. Contact Judy Marr, Foundation executive director, at 517/336-5744, for details.

Yvette Marie Miller, MD, Lansing pathologist, is a regular volunteer with the Friends of WKAR-TV and WKAR "Radio Talking Book," through which readers bring newspapers. books and magazines to the visually impaired. On weekends, she volunteers with the American Red Cross disaster action team and military assistance program, notifying military personnel about emergency matters. She volunteers at Parnall Correctional Facility in Jackson, speaking to the inmates on topics such as nonviolent resistance tactics, spirituality, personal growth, interpersonal skill development and medical issues. In addition, Doctor Miller works with the Youth Development Corporation, a Lansing-based organization seeking to aid youth in identifying employment opportunities, in developing essential interpersonal skills and in furthering their education. And, Doctor Miller is a "devoted and active" member of the Diocese of Lansing Hispanic and Migrant Ministry Board, which addresses the concerns and needs of the Hispanic and migrant worker communities in mid-Michigan.

Ved V. Gossain, MD, East Lansing endocrinologist, is the recipient of the 1999 Ingham County Medical Society Presidential Citation Award for volunteer and philanthropic works. Doctor Gossain established and is director of the India Council at Michigan State University and serves on the Board of the MSU/US India Scientific Cooperation and Exchange. He is a member of the Diabetes and Pregnancy and Minority Health Advisory committees of the Michigan Department of Community Health and serves on several committees of the American Association of Physicians from India.

Husband/wife physician team Anthony Munaco, MD and Nancy Hurchick-Munaco, MD, practice medicine together and, according to their friends and family, have coached "countless" YMCA and Parks and Recreation youth sporting activities including T-ball, softball, baseball, indoor soccer and basketball. "They are strong supporters of the Farmington Hills community as well as the school system and make a difference in all that they do," wrote the persons who filled out their form for Michigan Medicine.

Canton dermatologist **Iltefat Hamzavi**, **MD**, tutors Detroit-area children through a social service program called Impact, which also builds homes and organizes food and toy drives for the needy. Doctor Hamzavi also is active with the Human Development Foundation which raises funds to provide for the economic and political growth of poor Pakistani citizens.





Nathima Atchoo, MD, Waterford obstetrician/gynecologist, has made four trips since the Persian Gulf War, the last one in 1998, to bring medical supplies, candy and toys to the children and adults of Iraq. Her hotel suite in Baghdad during her two-week visit in 1998 quickly became a pharmacy, she reported in the February 1 issue of the Oakland County Medical Society bulletin. The 30 cartons of supplies she delivered, most of them donated items, also went to a free clinic for refugees, to three eye hospitals, and to a children's hospital. Doctor Atchoo and her fellow Arabic American Medical Association members also help train Iraqi physicians in current medical techniques.



Nathima Atchoo, MD, with medical supplies she delivered to Iraq.

Edward E. Elder, MD, Bloomfield Hills family physician, volunteers one day a week as a physician at Mercy Place, where he provides basic and preventative care to the undeserved population. Mercy Place is an affiliate of St. Joseph Mercy Hospital in Pontiac and serves individuals who are not covered by private insurance or public assistance programs. A strong emphasis is placed on educating patients to recognize signs and symptoms of serious illness and helping them to control chronic conditions.

Flint family physician Edwin Gullekson, MD, serves his community in a variety of ways. He is a member of the Sloan Museum board of directors, serves on the board of the Genesee County Free Medical Clinic and volunteers at the McLaren Child Evaluation Clinic (sexual abuse).

Since May 1997, Frank P. Bongiorno, MD, Ann Arbor vascular and general surgeon, has served as the only physician on the 12-member Washtenaw County Community Mental Health Advisory Committee. The committee researches issues of concern to the mentally ill and developmentally disabled, then advises the county mental health services board on policy, programming and funding.

The Oakland County Medical Society has established a new Volunteer Physician Network to serve victims of family violence, particularly children and women, regardless of ability to pay. Physicians who volunteer for the Network are on call to treat patients as needed, and may volunteer for as little or as much of their time as they are able. When appropriate, the physicians' names will be provided to local family crisis shelters.

Yearly for the past 10 years, Manveen Saluja, MD, Detroit rheumatologist, has traveled to India to treat rheumatic patients in the town of Chandhigarh. She has donated medications and some medical instruments. "There are few rheumatology programs in India," she explains, "and there is still a big need for care to rheumatic patients. Some of the diagnostic tests are not as widely available. In the future we would like to have a small center in Chandhigarh, where there is a medical school and a postgraduate institute with a rheumatology program. The need, however, is far greater than any programs available."



Manveen Saluja, MD, with her aunt in Chandhigarh, India.

Ahsan Sheikh, MD, Department of Psychiatry, University of Michigan Hospital, is a volunteer coordinator of relief and counselling for Kosovo refugees in Detroit, and also has organized efforts to provide social services to ethnic minorities in the metro area.







The Yanga Family

Ismael Yanga, MD, Howell surgeon, and his family—wife Ruth Yanga, RN, daughter Michele and son I. David—are community volunteers together. Doctor Yanga has been president and a board member of Christ for the Philippines for 19 years, and the family has been missionaries to the Philippines on trips in 1989 and 1991. They also participate in local community activities through the Howell Chamber of Commerce and have sponsored a portion of the Michigan Challenge Balloon Race and Balloonfest. In the past year, they have helped a homeless Albanian mother and child find work, shelter, health care and other basic necessities as they resettled in Howell.

Ingham County Health Department Director **Dean G. Sienko**, **MD**, has written a weekly column on public health concerns for the Lansing State Journal for the past three years. Doctor Sienko's columns cover such topics as immunizations, infant mortality and violence reduction. He began the column at the request of the newspaper and has continued it faithfully ever since.

James B. Fahner, MD, Grand Rapids pediatric hematologist/ oncologist, is a founding board member and new chair of the board of Hospice of Michigan, after serving several years on local and regional hospice boards. He also is the vice chair of the Make a Wish Foundation of Michigan, on the board of the Michigan Community Blood Centers Foundation and of the Western Michigan Ronald MacDonald House. Doctor Fahner also is a founding board member of the North American Choral Company for children and youth, headquartered in Grand Rapids, and serves on the board of the statewide Cascade Hemophilia Consortium of Ann Arbor.

Canton urologist Muzammil Ahmed, MD, is youth group advisor at Muslim Community of Western Suburbs, where he and his wife, Asra Ahmed, MD, and daughter Sumayyah, organize summer camps and projects. Doctor Ahmed also is secretary of Impact, a social service organization which builds homes, organizes food and toy drives for the Canton-area needy.

Christopher A. Lewandowski, MD, Detroit emergency medicine specialist, is an active member of the American Heart Association Operation Stroke Committee. He serves on the AHA Grosse Pointe Division board of directors, and is a youth coach with the Grosse Pointe Soccer Association, the Neighborhood Club of Grosse Pointe and the St. Clare de Mondefalco Parish (CYO).

Steven Bolton, MD, Pontiac surgeon, serves as medical director of the Mercy Place free clinic in Pontiac. The clinic serves low-income working adults without health insurance. Started in 1991, it is staffed by 14 volunteer physicians and funded by private donors. The clinic just recently moved into new, expanded quarters.

Marilyn Williams, MD, Brighton emergency medicine specialist, and her son, Eric Gerstacker, have volunteered the past three years at the American Heart Association Stroke Connection Retreat on the shores of Lake Huron. She acts as camp physician but also helps transfer patients, counsels them and assists with arts and crafts and horseback riding. The retreat provides stroke survivors and their families with camping and traveling experience in a safe environment with healthcare providers available.

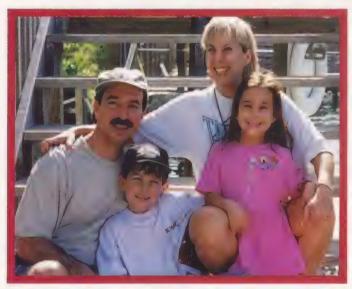


Marilyn Williams, MD, with Stroke Connection Retreat participant.





Irvin Kappy, MD, Orchard Lake pediatrician, his wife Barbara, son Brandon and daughter Michelle are veterans of national Make a Difference Day volunteerism efforts. Doctor Kappy and his family have chaired the Southfield-based non-secular Jewish Family Service Fall Fix-up project for the past three years. In October 1998, the Kappys mobilized nearly 200 volunteers who tackled cleanup projects in 30 homes for homebound adults and others in need.



The Kappy Family

For the past 30 years, Berrien County children have learned about gardening and growing their own food through the beneficence of retired family practitioner Clinton W. Wilson, MD, and his wife, Cheryl Wiese. The Wilsons own a 28-acre property they calls the Children's Farm, which is planted and worked exclusively by youngsters under their direction. Up to 14 kids have been employed in a summer by the Wilsons. Doctor Wilson worked on farms when he was young and wanted to share his experiences with neighborhood children. The produce, all stamped "The Farm Where Children Grow," is sold to local markets and restaurants and at the Benton Harbor Fruit Market. Doctor Wilson also serves on the Berrien County Cancer Service.

The Saginaw County Medical Society Alliance in 1998 donated the proceeds from its cookbook sale to United for Kids, a new advocacy center for sexually-abused children. The Alliance, led by President Sue L. Swong, donated the proceeds from its sale of "giving cards" to the Family Empowerment Center at the Saginaw City Rescue Mission. In other community service activities, the Alliance distributed first aid kits to the Family Empowerment Center and the Boys and Girls Club of Saginaw County on national SAVE (Stop America's Violence Everywhere) Day October 14.

Ypsilanti family physician Dan Heffernan, MD, and his wife, Beverly, are founders of Hope Clinic, a nonprofit, interdenominational Christian medical and social service organization in Ann Arbor. The Heffernans founded the clinic in 1982 after the auto industry layoffs. It now is open three days a week and has expanded from medical services to include laundry services, a food bank, a furniture service, dental clinic and a jail ministry. The Heffernans began their volunteer work shortly after his graduation from medical school in 1955, when they loaded their station wagon with medical supplies and delivered them to migrant workers around Midland.

Wayne County Medical Society members originated and now oversee the Webber School Health Center, which offers medical, dental, mental health and social services to the 900 third-eighth grade students in the inner city school. Partners in the project include the City of Detroit Health Department, Detroit Public Schools, Detroit Compact, Children's Hospital of Michigan, University of Detroit/Mercy McCauley School of Nursing, Madonna University School of Nursing and several community groups. "Founding father" of the Webber Center is Joseph M. Beals, MD, WCMS past president and former member of the MSMS Board of Directors. He sits on the Center's Board along with WCMS members and pediatricians Herman B. Gray, MD, and Yvonne M. Friday, MD.

James R. Hines, MD, Saginaw obstetrician/gynecologist, and his wife, Martha Hines, RN, led a medical mission to the Central African Republic in January, accompanied by eight Grace College pre-med students. The group served at Yaloke and Bata Stations, where they performed surgery, provided medical and surgical consultations, delivered babies and staffed well baby clinics. This was one of several such missions the Hineses have led to Africa to introduce Christian premed students to the medical and spiritual aspects of mission work.



Doctor and Mrs. Hines with pre-med students in Africa.



1999 MSMS COMMUNITY SERVICE AWARD RECIPIENTS

ARENAC/IOSCO COUNTY MEDICAL SOCIETY

John D. Franks, MD, of Tawas, is being recognized for his involvement the Boy Scouts of America. Doctor Franks has been a scoutmaster and an active participant on the Cub Scout Leader committee. He also has been on the administrative board of the Tawas United Methodist Church and on the Pastor Parish committee. He also is an assistant Little League and hockey coach.

CALHOUN COUNTY MEDICAL SOCIETY

James C. Maher, MD, of Marshall, earned the award for his involvement in establishing the Marshall Fountain Clinic. The clinic sees more than 1,500 patients each year, those without health insurance or who are unemployed. Doctor Maher served as president of the Calhoun County Medical Society in 1994 and currently serves as secretary on the Medical Executive Committee at Oaklawn Hospital in Marshall.

GENESEE COUNTY MEDICAL SOCIETY

S. Harry Nassar, MD, of Flint, is recognized for his volunteer work overseas. Since retiring in 1992, Doctor Nassar has been on nine trips to Honduras on medical missions. He also has served as a member of the board of directors and executive committee of the Genesee County Free Medical Clinic. As an active volunteer at the clinic, he performs quality assurance duties and provides primary care services.

MACOMB COUNTY MEDICAL SUCIETY

Sang C. Lee, MD, of Warren, received the award for medical mission work in East Africa. Doctor Lee has traveled to the Masai land along with a team of other physicians, nurses, students and businessmen, taking with them needed medical supplies. The team made its way into deep regions of the area to provide care and education on several occasions and plan to continue helping the Masai people in the future.



1999 MSMS COMMUNITY SERVICE AWARD RECIPIENTS

INGHAM COUNTY MEDICAL SOCIETY

Jerold P. Veldman, MD, of Lansing, is recognized for his work with children. In 1996, he received the Whitehill-Robbins Miracle Maker award given by the Children's Miracle Network. He also received the Distinguished Community Volunteer Faculty Award from Michigan State University's College of Human Medicine.

KENT COUNTY MEDICAL SOCIETY

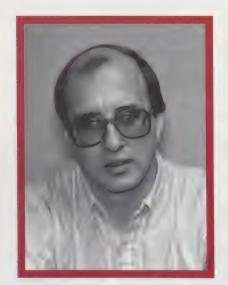
Keith E. Weller, MD, of Grand Rapids, is recognized for a number of reasons. He has volunteered more than 1,000 hours of medical services at St. Mary's Heartside Clinic, an inner-city clinic for the homeless. He continues to volunteer at the clinic one day each week. Doctor Weller also volunteers his time at the Frederik Meijer Gardens providing information about the Gardens to visitors. He also has been offering his time at the Ridgemoor Child Development Center where he is known as "Grandpa Keith."

KALAMAZOO ACADEMY OF MEDICINE

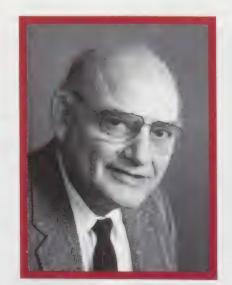
Richard W. Hodgman, MD, of Kalamazoo, received the award for his volunteer work at the First Presbyterian Church Health Clinic in Kalamazoo. The clinic, which opened in 1993, provides free minor health care services to the uninsured. The clinic has provided care on more than 10,500 occasions since it's opening. Doctor Hodgman began volunteering in 1996 and has been secretary and currently is chairman of the board of directors.

MARQUETTE COUNTY MEDICAL SOCIETY

John L. Lehtinen, MD, of Marquette, received the award for a variety of services. Doctor Lehtinen has been the chief medical officer for the local U.S. Olympic Education Center training site. He was team physician for the Olympic games in the U.S. and Barcelona and was given the distinction of being chosen as the head physician for the U.S. Olympic Committee's 1996 summer games in Atlanta. Doctor Lehtinen also has been involved with medical support for the Northern Michigan University athletic programs and the Marquette Junior Hockey Corporation programs.



John D. Franks, MD



S. Harry Nassar, MD



Keith E. Weller, MD



Richard W. Hodgman, MD



1999 MSMS COMMUNITY SERVICE AWARD RECIPIENTS

MIDIAND COUNTY MEDICAL SOCIETY

Douglas R. Jackson, MD of Midland, received the award for his mission work in Surabaya, Indonesia in 1998. Doctor Jackson participated in a program sponsored by *Health Volunteers Overseas*. He spent his time at the Dr. Soetomo Hospital, which has 1500 beds and is run by the Indonesian government. Doctor Jackson functioned as an observer and advisor in the operating room and found the outpatient clinics, teaching conferences and ward rounds to be where he could help the most.

MUSKEGON COUNTY MEDICAL SOCIETY

Robert E. Garrison, Jr., MD, of Muskegon, is recognized for his involvement in many volunteer organizations. He has been a board member of the Muskegon Heights Board of Education, the Greater Muskegon Urban League, Muskegon Area Chamber of Commerce, and the United Way of Muskegon County. He currently is on the board of directors of the Muskegon County Community Foundation and is the chair of it's L.E.A.D. (Let Education Answer Dreams) committee. He also is co-chair of the Muskegon Community Health Project Steering Committee.

ST. JOSEPH COUNTY MEDICAL SOCIETY

Donald R. Schimnoski, MD, of Three Rivers, earned the award for his work with the Three Rivers Junior High and High School students. He has performed athletic physicals for students over much of his career. He has devoted more than 50 years of his life to the care and well-being of his community.

OAKLAND COUNTY MEDICAL SOCIETY ALLIANCE

Cynthia Burdakin has been very active volunteering her time to church, area schools, the medical society alliance and the American Association of University Women (AAUW) activities. Among one of her most notable accomplishments is her involvement in the Explorathon project. This is a conference jointly sponsored by the Birmingham AAUW, the Cranbrook Institute of Science and the Association of Women in Science. Annually, over 1000 girls from grades 8 to 12 participate in hearing descriptions of detail of career opportunities. Conference leaders are prominent women in all walks of professional life. Mrs. Burdakin has been involved as a speaker coordinator for this project for the past 6 years.



Douglas R. Jackson, MD, discusses patient's x-ray with orthopaedic residents at Dr. Soetomo Hospital in Surabaya, Indonesia.



Donald R. Schimnoski, MD



1999 MSMS COMMUNITY SERVICE AWARD RECIPIENTS

ST. CLAIR COUNTY MEDICAL SOCIETY

Forrest B. Fernandez, MD, of Port Huron, is recognized for his work with the Mission Hospital in Togo, West Africa. The hospital is run by the Association of Baptists for World Evangelism. Doctor Fernandez works with the World Medical Mission. He volunteers his time doing procedures such as hernia repairs and c-sections. He has been a member of the St. Clair County Medical Society since 1996.

WASHTENAW COUNTY MEDICAL SOCIETY

Deloisteen Person-Brown, MD, of Ypsilanti, earned the award for her work with the indigent and working poor, mentally ill and elderly. In 1986, Doctor Person-Brown founded the Neighborhood Health Clinic in Ypsilanti. The clinic not only provides basic medical services, but also has social workers and a financial advisor. Nurses hold regular information sessions for people with high blood pressure, diabetes and other chronic conditions. The clinic also houses a food and clothing bank for those in need. Doctor Person-Brown also has received a Distinguished Service Award by the Black Business and Professional Women's Club and in 1998 received the "Loving Cup" award from Parents Together, a substance abuse prevention agency.



Forrest B. Fernandez, MD, right, at Mission Hospital in Togo, Africa.

OTTAWA COUNTY MEDICAL SOCIETY

Jerome H. Wassink, MD, of Holland, is recognized for his work with Hospice of Holland. Doctor Wassink has been medical director, a volunteer position, since 1981. He continues to offer his services since his retirement. He also has been involved in introducing three-track skiing to people with disabilities and has been very involved in his church as an elder.

MARQUETTE/ALGER COUNTY MEDICAL SOCIETY ALLIANCE

In the mid-1940's, Claire Bennett helped re-organize the Marquette/Alger County Medical Society Alliance to make it one of the most active in their history. She also has been very active as a hospital auxilian for over 50 years.

Among other projects, Mrs. Bennett helped initiate the Good Samaritan fund, which is a general memorial donation fund to benefit the hospital. She and her husband were very active in the 70s and 80s in recruiting new physicians to the area which led to Marquette General Hospital becoming a regional medical center. She also is one of the founding members of the Lake Superior Arts Association which initiated the crown jewel of the area's summer events, "Art on the Rocks."



Jerome H. Wassink, MD, right, meets with hospice RN Jane Van Den Berge.



Jeffrey Allen, MD, Midland emergency physician, has served on the board of directors for a clinic serving persons with low to no incomes. The past three years, he has served as chair of the board. Doctor Allen has been active in securing grant money for the clinic and overseeing the overall functioning of the clinic.

Westland urologist Mahmood Hai, MD, serves on the board of Crescent Academy International in Canton, a parochial school devoted to improving the academic and moral standards of its students. Doctor Hai and his two brothers, one a cardiologist at Northwestern University Hospital in Chicago, and the other a professor at Patna University in India, are building a charitable hospital in Behar, northeastern India, in a heavily populated, poor area of the country.

General surgeon Robert Dickinson, DO, has just been honored by St. Thomas Lutheran Church of Grosse Ile for 15 years of teaching Sunday school. But that is just the start of his and his family's volunteer activities. All the family has volunteered for the Grosse Ile Interfaith Council of Churches' annual Christmas and Boarshead festivals, raised funds through CROP walks, helped build Habitat for Humanity homes and joined the "Paint the Town" clean up/fix up activities. Doctor Dickinson also has been an assistant scout master and chaplin for the local Boy Scouts for 10 years, serving as merit badge counselor for first aid and photography badges and advising Eagle Scout candidates with their projects. In addition, he has lectured for the local ostomy association and Cancer Society. Son Karl is an Eagle Scout and assistant junior scoutmaster, has volunteered for vacation Bible schools, church yard and building needs and Boy Scout camp repair work.

The following organizations are partners in the Doctors and Their Families Make a Difference Project.

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George Costea, MD, a Detroit family physician, opened the Cass Community Free Medical Clinic 18 years ago. The clinic treats those with hypertension, AIDS, diabetes, and tuberculosis that would otherwise not be able to afford or access medical attention. Doctor Costea has received substantial support from the Metro Health Foundation to aid him in upgrading the clinic's equipment.

Jeanne Kapenga, MD, anesthesiologist, and Steve Guertin, MD, pediatrician, both of Okemos, and Albert Sparrow, MD, Lansing pediatric cardiologist, serve on the board of directors for the new Ronald McDonald House of Mid-Michigan. The house is located on the corner of Michigan Avenue and Holmes Street in Lansing. It serves as a temporary home for families whose children are being



Steve Guertin, MD

treated in Lansing area medical facilities.

Sandra Gladding, MD, a general surgeon formerly of Grand Rapids, moved in June with her husband, Kim Gladding, to Phoenix, Arizona as a humanitarian worker. In Arizona she practices medicine at Department of Surgery at the Phoenix Indian Medical Center, a Native American mission.



Ernest Quiroz, MD

Ernest Quiroz, MD, a Grand Rapids family practitioner, serves as board member of Saint Mary Mercy's Medical Center. He is also the co-chair of the Kent County Medical Society Committee for the Underserved, which helps provide medical care to those without medical insurance. In addition to these positions, Doctor Quiroz is a board member for the Recuperation Center in Grand Rapids. This facility provides attention to

those who do not have a place to recuperate after they are discharged from the hospital.

Ramsewak Goswami, MD, a family practitioner, is on the board of directors for the Michigan Association of Indian Physicians (MAPI) free clinic in Taylor. Since 1997, 25 other volunteering physicians have joined Doctor Goswami. He works every Saturday at the clinic, which serves workers over the age of 18 whose employers do not provide health insurance. Doctor Goswami runs the clinic out of his office.





Omero Iung, MD, second from right, at Triunfo, Brazil, clinic.

Omero Iung, MD, East Lansing internist, travels to his hometown of Triunfo, Brazil, yearly. He brings medical supplies and equipment to three area hospitals, and also performs various surgeries, such as gall bladder, hernia, and cancer for disadvantaged patients.

Terry Wortz, MD, and Renee Wortz of Delton, recently returned from a 15-month stay in Karaganda, Kazakhstan, the largest state to result from the former Soviet Union, to aid in the set up of a primary care clinic and a mobile clinic called Hope Clinic. The clinics were created to help the local people and medical facilities that do not have the resources to receive or provide the proper medical attention. Since their return home to the United States they have helped establish 100 mobile clinics and have helped fund three clinics in Ghana, Peru, and Tanzania. During their stay in Kazakhstan, along with numerous American medical volunteers, Doctor Wortz trained local doctors to run the clinics. Renee Wortz established a child advocacy program, which is designed to assist the street children in Kazakhstan whose parents are either deceased or unable to care for them. They are also hoping to institute a foster care program.

David A. Herz, MD, neurological surgeon from Grand Rapids, is on the new board of directors of the Michigan Lawsuit Abuse Watch (M-LAW). This is a non-profit organization that was created to stop gratuitous lawsuits from overrunning Michigan's judicial system. He is also the director of neuroscience at St. Mary Hospital in Grand Rapids.

Members of the St. Clair County Medical Society volunteer their time with the Peoples' Clinic for Better Health in Port Huron. The Clinic, an offshoot of the Mercy Community Healthcare System, provides free or low-

cost primary care and referral services two days a week at Our Lady of Guadalupe Mission. The clinic is a collaboration between individuals, churches, businesses and organizations to provide care to the economically and socially disadvantaged. Among the volunteers is MSMS Board Member Homeira McDonald, MD, pathologist, and past Board Member D. Moore Hislop, MD, obstetrician/gynecologist.

Patrick Droste, MD, a pediatric ophthalmologist from Grand Rapids, serves on the advisory board of the Specialized Language Development (SLD) Learning Center, Inc. The center was established to tutor dyslexic students and its services are available to all regardless of economic status. Doctor Droste also serves as secretary of the Lake Michigan Academy, which is a school dedicated to increasing the self-esteem of learning disabled individuals. Other doctors on the advisory board are Ray Creager, MD, pediatrician, of the Child Guidance Clinic, Drake Duane, MD, neurologist, Russell Mohney, MD, also a neurologist, and Roland Springgate, MD, rheumatologist, all of Kalamazoo.

Susan Sherman, MD, Grosse Pointe Woods maternal-fetal medicine specialist, was recognized as a 1999 Corporate Volunteer of the Year by the Michigan Metro Girl Scout Council (MMGSC). This award distinguishes area employees who volunteer their time to the local Girl Scout troops. She has been the leader of the Grosse Pointe Woods Brownie Troop 1221 for three years.



Susan Sherman, MD, rear, and her Brownie Troop.

The Washtenaw County Board of Commissioners recently named Terence A. Joiner, MD, Ann Arbor pediatrician, a "Health Champion." Doctor Joiner was cited for his membership since 1996 on the county's Health Improvement Plan task force, and for his work in asthma prevention and research.



Todd N. Rosen, MD, a psychiatrist, and his ten year-old daughter Kate Elizabeth Bloch Rosen volunteer their Saturday mornings at the Michigan Animal Rescue League (MARL) in Pontiac. This is an organization that serves as an alternative choice to the euthanasia practices of the Humane Society. Kate and her father help MARL by cleaning, bathing, and loving family-less cats and dogs.



Todd Rosen, MD, and daughter Kate Elizabeth at Pontiac animal rescue center.

James Mattimore, MD, an emergency doctor with St. Joseph Mercy Hospital and Catherine McAuley Health Systems, Ann Arbor has established Better Together Van Program for the homeless. Several physicians, including Doctor Mattimore's wife Kathleen Longo, MD, and Constance Doyle, MD, travel to Ann Arbor area shelters to aid the homeless. The Van Program is a free clinic that provides medical care to people without insurance or the resources to obtain medical support. The van is equipped with two examination rooms and Catherine McAuley Health Systems cover all prescriptions.

Mark Pleatman, MD, a general surgeon from Rochester, is a member of Medical Training Worldwide (MTW), which supplies medical technology to developing nations. Medical Training Worldwide matches the volunteering doctor with an appropriate hospital and or doctors in the developing country. Doctor Pleatman has traveled to Nicaragua twice where he trains doctors in laparoscopic cholecystectomy. His first trip was to Esteli, Nicaragua. Doctor Pleatman's second trip was to Jinotega, Nicaragua in March of 1999. Doctor Pleatman learned laparoscopic cholecystectomy in France, and he also was the first surgeon in Michigan to perform this procedure.

Nick Reina, MD, who specializes in physical medicine and rehabilitation in Port Huron, is the president of the St. Clair County Goodwill and a referee for the AYSO soccer. His wife Donna is a coach for soccer, basketball, and Odyssey of the Mind, and a referee for soccer. She is also involved in elementary and middle school Parent Teacher Association (PTA).

Oakland County Medical Society maintains the Volunteer Physician Network. This is a list of physicians that are willing to volunteer their time and medical expertise when needed to victims of family violence.

Lori Mosca, MD, PhD, and her husband Ralph Mosca, MD, were a part of a U-M medical relief team recently sent to Russia through the AmeriCares organization. They brought medical equipment, supplies, and expertise to aid Russians suffering from heart and also educated Russian doctors on preventative medicine. Cardiologist Steven Werns, MD, and perfusionist Eric Jenkins also were members of the U-M relief team. Doctor Lori Mosca also is president-elect of the Midwest Affiliate, American Heart Association and has chaired its Primary and Secondary Prevention Strategic Planning Task Force. She also has chaired the AHA's Council on Epidemiology and Prevention scientific conference and its "Take Wellness to Heart" campaign on women and cardiovascular disease. She was lead author for new AHA scientific guidelines on "Women and Cardiovascular Disease."



The Moscas on the steps of St. George's Hospital, St. Petersburg, Russia.

Pages 13-16 missing



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Restoring Power to Physicians and Patients.

Congressman Nick Smith

By Jennifer Higgins

"People feel that they and their doctors are no longer making their own medical decisions.... Instead, faceless bureaucrats at health insurance companies are exerting an unreasonable degree of power over their health and their lives." -Rep. Nick Smith

Fealth care-related issues are keeping legislators busy as debate ensues at both the federal and state levels. The Senate passed a weakened Patients' Bill of Rights in July. The House began debate on their version of a Patients' Bill of Rights upon return from recess in September. Tobacco settlement appropriations are being determined in Michigan. And the AMA has established a national physician negotiating unit. It's a time in history when health care has a great deal at stake.

Michigan physicians and patients have an advocate in Washington, though, as U.S. Rep. Nick Smith (R-7th District) focuses on two important components of health care during the 106th Congress: restoring decision-making power to physicians and patients, and assisting those without health insurance. "People feel that they and their doctors are no longer making their own medical decisions," stated Rep. Smith. "Instead, faceless bureaucrats at health insurance companies are exerting an unreasonable degree of power over their health and their lives."

Empowering Physicians and Patients

As cosponsor of H.R. 1304, the Quality Health Care Coalition Act, Rep. Smith hopes to help physicians form their own coalitions to bargain with insurance companies without interference from the federal government. The concept is similar to the collective bargaining unit recently passed by the American Medical Association. The main difference is that H.R. 1304 would apply to all physicians, whereas the AMA collective bargaining unit is only an option for employed physicians. "Too often they [physicians] are in a 'take it or leave it' position of either agreeing to what's placed in front of

them or being frozen out of the market," said Rep. Smith. "H.R. 1304 would make health care providers exempt from antitrust restrictions that could interfere with their ability to negotiate with HMOs." In both cases, physicians may be provided vehicles to increase their negotiating power with insurance companies and consequently enhance the care delivered to their patients.

Creating Choices

As passed by the Senate in July, S. 1344, the Patients' Bill of Rights Act of 1999, lacks in many areas including patient choice. While there is hope at press time that the House will pass a 'valid' Patients' Bill of Rights that includes provisions for such things as medical necessity, external appeals, accountability and a greater scope of patient protections —Rep. Smith is focusing his efforts on creating choices. "People are frustrated by their health care insurance because they feel they have no power," said Rep. Smith. "The reason is simple. Since there is no competitive market for health care insurance, there is no consumer choice."

As a result, Rep. Smith cosponsored H.R. 1687, the Patient's Health Care Choice Act. which he hopes will help create more choices for consumers through changes in the tax code and by allowing health care providers to form "health marts." In addition, the Act would encourage small businesses and others to band together to form larger units of patients, resulting in more choices of plans. The ultimate goal of H.R. 1687 is to drive insurers to provide the best service for the lowest prices as they compete for customers. "Market discipline will ultimately empower doctors and patients far more than a new government bureaucracy," said Rep.



Rep. Nick Smith

Smith. In Rep. Smith's opinion, by giving patients the ability to choose their health insurance the same way they choose their auto or homeowners' insurance, HMOs and other health care insurers will be forced to improve the quality of care and keep prices down far better than any government regulatory scheme.

In addition, Rep. Smith has supported legislation in the past to implement certain, basic safeguards such as a "prudent layperson" standard for emergency care and a ban on gag clauses.

Tobacco Settlement

It is expected that the landmark settlement from the litigation against the tobacco industry will have a far-reaching effect on efforts to overcome underage smoking and achieve substantial reductions in tobacco use. For the state of Michigan, \$383.4 million was appropriated for

FY 1999/2000. Of that funding, all but approximately \$90.4 million has been allocated to date. While \$48 million was appropriated to the Department of Community Health— a senior prescription drug program (\$30 million), an increase in personal needs for nursing home residents from \$30 to \$60 per month (\$5 million), an increase in respite care through the Office of Services to the Aging (\$3 million), and a onetime outlay for a long-term care innovation grant (\$10 million)—no funds were allocated to health care prevention. According to Rep. Smith, "States should be able to use the money obtained from the Master Settlement Agreement as they see fit. The Agreement itself creates a national foundation to combat underage tobacco use and substance abuse. The foundation will receive \$1.7 billion from the cigarette manufacturers." In the state of Michigan, many funds received from the settlement were allocated to universities for research and scholarship. Rep. Smith agrees that this is an appropriate use of the funds.

Representative Smith was elected to the U.S. House of Representatives in 1992 with 89 percent of the general vote, and reelected in 1994, 1996, and 1998. He is a National Delegate on U.S. - Soviet Cooperation and Trade, as well as a member of the U.S. House of Representatives Committees on Agriculture, Budget and Science. He is Chair of the Science Subcommittee on Basic Research and the Budget Committee's Bipartisan Task Force on Social Security.

Rep. Smith is from Addison, Michigan and received his bachelor's degree in political science from Michigan State University and his master's in economics from the University of Delaware.

For more information about MSMS's federal legislative activities, please contact Kevin A. Kelly at (517) 336-5742 or kkelly@msms.org.

The author is a Grand Rapids-based freelance writer.

"H.R. 1304 would make health care providers exempt from antitrust restrictions that could interfere with their ability to negotiate with HMOs."

-Rep. Nick Smith



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PHYSICIAN ON ROARD



Tear this article from the magazine and share with colleagues or file for reference. Look for future briefs in coming issues of Michigan Medicine. The briefs also can be found on the MSMS Web site at www.msms.org. Please contact MSMS at (517) 337-5748, or msms@msms.org for additional copies of this brief for your patients and colleagues.

Quality Health Care Coalition Act of 1999

The Quality Health Care Coalition Act of 1999, HR 1304, was introduced by Congressman Tom Campbell (R-CA) on March 25, 1999. As of August 11, 1999, HR 1304 had 148 co-sponsors. Eight of these co-sponsors were from Michigan, and included: James Barcia (D-5), Nick Smith (R-7), Debbie Stabenow (D-8), Dale Kildee (D-9), David Bonior (D-10), Lynn Rivers (D-13), John Convers (D-14), and Carolyn Kilpatrick (D-

This legislation combats the leverage managed care organizations has over physicians and patients when contracting for coverage. According to the AMA House of Delegates Speaker, Richard F. Corlin, MD, "this bill would redirect medical decisions back to where they belong—to the physicians and patients."

Antitrust laws have been interpreted to allow health plans such a high degree of leverage that an appropriate balance of interests has disappeared from the market for health care delivery and finance. This has allowed the power of health plans to determine the types of health care that patients receive to be almost unchecked. Antitrust laws need to be reformed to correct this imbalance in le-

Representative Campbell believes that HMOs "right now [they] have an antitrust exemption, you don't. They can present you with a take it or leave it attitude, and they don't want to have the same bargaining power on the other side of the table. And my response is it isn't so much the bargaining power that matters, it's who represents the patient that matters."

The Quality Health Care Coalition Act would restore physicians' ability to be effective advocates on behalf of their patients and strengthen the physician-patient relationship by correcting this imbalance. Legal barriers would be removed so that self-employed physicians could engage in joint negotiations with health plans, enabling physicians to act as a check on unrestrained health plan leverage.

This legislation would allow health care professionals to negotiate collectively with health plans regarding terms that affect patient care, thus restoring physicians' ability to advocate for quality care for their patients and strengthening the physician/provider-patient relationship. It does so by making antitrust laws apply to negotiations by groups of health care professionals that are engaged in negotiations with HMOs and other health insurers apply in the same manner as collective bargaining by labor organizations as stated in the National Labor Relations Act. This would lead to a more competitive health care market, the prevention of physicians from being trapped into ethically questionable contracts, and assurance of better patient protection.

According to Rep. Campbell, "The bill . . . gives to medical professionals the same right to present their unified front that the insurers have when you go in bargaining with an HMO ... [HMOs] are not advocating the patients' rights the way that health care professional[s] [are]."

In a statement before the House Judiciary Committee, Donald J. Palmisano, MD, JD, of the AMA Board of Trustees testified,

"The antitrust laws have been interpreted to allow health plans such a degree of lever-



age that an appropriate balance of interests no longer exists in the market for health care delivery and finance. As a result, the power of health plans to determine the kind of health care that patients receive is virtually unchecked. This bill would help correct the imbalance in power by allowing groups of physicians to negotiate will health plans."

Medical necessity decisions are ultimately medical decisions and must continue to be treated as such. Health plans should not be allowed to determine "medical necessity" based on financial cost considerations. Thus, only physicians are properly qualified to make such decisions.

The AMA supports the following definition of "medical necessity":

Health care services or products that a prudent physician would provide to a patient for the purpose of preventing, diagnosing or treating an illness, injury, disease or its symptoms in a manner that is: (1) in accordance with generally accepted standards of medical practice; (2) clinically appropriate in terms of type, frequency, extent, site, and duration; and (3) not primarily for the convenience of the patient, physician, or other health care provider.

Medical necessity must be properly defined. Otherwise, the control of medicine will move from physicians to health care plans. It is necessary that physicians be able to make medical necessity decisions for their patients without unreasonable interference from health plans and insurers. Patients should not be treated unfairly by health plans denying coverage for treatment based on information the plan obtains only later in the course of treatment, rather decisions must be made on the information that physicians had at the time the services were rendered. And "medical necessity" should be determined according to a "prudent physician standard," which legally and medically is an objective standard not subject to the abuses alleged by plans and insurers.

Currently, the Quality Health Care Coalition Act (HR 1340) has over 148 cosponsors from throughout the country and from both parties. The AMA has begun an aggressive cosponsorship campaign in an effort to bring Congressman Campbell's legislation to the floor of the House for a vote. MSMS has been working with Congressmen from the state to encourage their signing on to such important legislation. Although we have had some success in promoting this legislation with our own state's Congressional Delegation, 100 percent support is our goal. It is important that our Congressional Delegation becomes aware of the support and desire of such legislation. Therefore, we need you to call, email, and write your congressman. The more contacts they receive, the better the chance of their support.

For Further Information

If you have any questions or comments about the Quality Health Care Coalition Act of 1999, or any questions relating to antitrust legislation or medical necessity, please contact Kevin A. Kelly, MSMS Managing Director at (517) 336-5742 or kkelly@msms.org, or Chris Wehrman, Executive Office Intern at (517) 336-5783 or cwehrman@msms.org.

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Placing Decision-Making Back in Physicians' Hands

Negotiation Unit Developed to Restore Balance and Control of Patient Care

By Kathleen Farrell

Tithin the past 20 years, the way in which physicians practice medicine has changed dramatically. Where once a physician would see patients whenever they needed care, dispensing medical advice as he or she saw fit, those decisions are now increasingly being taken out of the practitioner's hands and placed into those of unseen bureaucrats with an eye for the bottom line. That's why a recent decision by the AMA to develop physician negotiation units for doctors has

"Increasingly, their influence in 'level the playing been met with resounding support by physicians across the country, including Michigan.

According to a recent report of the AMA Board of Trustees "The balance of control of patient care and workplace issues has shifted to representatives of third-party payers and institutions who are dictating the terms and conditions under which medical services are delivered."

The Struggle to be Heard

The AMA also reports that the physician sector of the industry has been one of the slowest sectors to consolidate, leaving physicians in a position of minimal influence. "Increasingly, physicians want help in exerting their influence in some collective way in order to 'level the playing field' within today's challenging environment."

So, what exactly is physician negotiation anyway? According to the AMA's definition, "Physician negotiation, or collective bargaining, is a mutual negotiation that takes place between organized workers and their employer or employers to reach an agreement on wages, fringe benefits, hours and working conditions. In health care settings, patient care provisions would also be included in negotiations." Only employed physicians who are not in management or supervisory positions may participate in a labor organization to collectively bargain with their employer over terms and conditions of employment, including compensation. This is estimated to be about one third of employed physicians. Self-employed physicians cannot participate in such a plan.

To some, it may seem like a simple question why shouldn't a private physician be able to negotiate with the larger HMOs on decisions that affect his or her practice? The answer is not quite as simple. Under current antitrust laws, only physicians who are formally considered employees under the National Labor Relations Act may bargain collectively with their employer. Self-employed physicians in traditional, independent practice, those most directly affected by the decisions of larger payers such as managed care plans and insurance companies, do not meet the NLRA definition of employee and may not bargain collectively with payers. These physicians are considered independent contractors and competitors under the current antitrust laws.

Problems in Independence

The physician negotiation issue is more complicated for the medical profession because of the different groups in which physicians are categorized: self-employed, employed, and medical residents—the latter two who are able to participate in PNUs. It is the self-employed physicians who are most in need of some bargaining strength. And the reason is simple: As large employers and payers have captured the market, they have been able to substantially influence the volume and flow of patients to some physicians and away from others. This leverage has enabled some health plans to assume substantial control over medical decision making, drive down the incomes of many physicians, and to threaten the viability of physician practices that will not cooperate with them. Many physicians feel powerless to respond to the leverage exerted by health plans because the current legal landscape gives more power to the health plan.

Toward a Solution

Thankfully, the AMA is working toward a solution. In 1998, the AMA House of Delegates directed its Board of Trustees to develop a negotiating unit within organized medicine, and with no affiliation with national trade unions, free of anti-trust constraints for all of its members. This led to the creation of "Reference Committee I" which conducted a thorough evaluation on the topic and decided this past June to go forward with the development of phy-

- AMA



sician negotiation units for physicians. At the same time, the AMA is working toward modifying federal anti-trust laws, labor laws, or both to someday allow physician negotiation by selfemployed physicians.

According to the AMA's Board of Trustees Report 30, "Some self-employed physicians have a mistaken belief that they can engage in physician negotiation if they join a labor union. Other physicians feel that, since the majority of their practice is controlled by one health plan, shouldn't they be considered a "de facto" employee? No, says the AMA. "The general consensus among attorneys is that although health plans are exerting more control over physicians' practices today, the balance in most cases still tips the relationship in favor of independent contractor status, particularly because most physicians have contracts with a number of health plans and do not derive a majority of their non-Medicare income from any given plan."

A self-employed physician could join a traditional trade union, but the union could not represent the physician in physician negotiation with payers. The rather complicated reason for this is explained: Federal and state antitrust laws bar any collective action, such as collective negotiation or boycotts, that would enable self-employed physicians to change the terms of a contract by collectively refusing to participate. These laws are designed to be procompetitive because by enabling health plans to exert economic leverage over physicians, they theoretically reduce the cost of health care to the consumer. Physicians acknowledge the need to constrain the cost of medical care, but they are increasingly alarmed at the extent to which current market imbalance affects clinical decisions and the quality of patient care.

Uniting for a Solution

MSMS President Krishna K. Sawhney, MD, says that just having physicians band together is going to produce a positive effect overall. "It just shows that physicians have the power to negotiate. And it will put pressure on the health plans to do the right thing, which is what physicians want," says Sawhney. "There is something very wrong that's going on in medicine. This is a cry from physicians, 'Listen to us, what you are doing to our profession is not correct!"

MSMS Speaker Dorothy Kahkonen, MD, served on Reference Committee I and says MSMS leadership is supportive of the concept. "It's an issue that's important to the physician membership and an area that they want to make work, be successful, and consistent with what's going on at the national level," says Kahkonen. "We are working together to try to accomplish what we can on a local level."

Kahkonen adds that the process is still in its infancy, but she expects at least a rudimentary organization to be in place by the first of the year—somewhere physicians can begin to air their grievances. Sawhney agrees. "It's a learn-

"We have grand traditions of public service and of caring and of going the extra mile when no one else will."

- MSMS President-Elect

Billy Ben Baumann, MD

ing process. MSMS wants to learn what goes on in Chicago [AMA headquarters], and understand it. And that's our biggest plan right now," he says.

The Future

And, as far as how MSMS will proceed, Kahkonen believes the state will most likely create a separate arm for it. "I think it's a little early to be sure what direction it will go at the state," says Kahkonen, "whether it be a branch organization or under the umbrella of one of our existing groups. I think we have to see as things develop."

Current MSMS activities in support of self-employed physicians include aggressively attempting to remove current constraints on physician negotiation, as well as doing everything possible in the meantime to legally advocate for self-employed physicians.

One of these activities includes working closely with the AMA to support legislation introduced by Representatives Campbell and Convers, which would change the antitrust laws to allow independent self-employed physicians to collectively negotiate with health maintenance organizations and other health insurance issuers in the same manner that labor organizations can bargain under the NLRA. However, the bill prohibits strikes or any other actions that would interfere with patient care.

MSMS President-Elect Billy Ben Baumann, MD, says the new developments also serve as a "last straw" for frustrated doctors. "This is an expression of complete frustration on the part of the medical profession in the United States that something has to be done and to get control of the health care system by physicians and by their patients rather than the bottom line guys."



Necessity Overrides Reticence

Baumann, who serves as the chair of the AMA Delegation, says the decision to go forward with physician negotiation was a difficult one for many physicians. "Many of them have great reservations," he says. "But it has to be done. Determinations of what is medically desirable and necessary are being made by accountants and profit-motivated individuals rather than physicians and the patients who need the services." Baumann adds that the idea of physicians being "unionized" is repugnant to many, and that it was difficult for them all to reach this point. Why?

"We have grand traditions of public service and of caring and of going the extra mile when no one else will," he says. "The medical profession rightly has a large amount of professional pride in our traditions and what we mean to our patients. And normally, we wouldn't feel

that would fit into any kind of a labor situation-certainly not where there was going to be any withholding of services." Baumann and the AMA stress that this is the one fundamental difference between their idea of physician negotiation and other labor organizations: the AMA's bargaining system will never withhold services, no matter how difficult the situation.

The AMA states clearly its opinion on the topic: "In 1998, the AMA House of Delegates adopted guidelines put forth by the Council on Ethical and Judicial Affairs, which govern physicians' actions pertaining to physician negotiation. These principles make it clear that a strike or any collective action that jeopardizes patient care is never acceptable, under any circumstances."

The Need for Empowerment

According to MSMS leadership, it's still unclear exactly how this will all work. But the point is, the time has come to act. "We know our members are frustrated and miserable with having the professional decisions removed from them," says Baumann. "With being harassed by 800-lines, having to wait for clerks to give them permission to use their medical judgment; we have to do something."

For employed physicians, circumstances that might lead them to seek physician negotiation include situations where the employer sets goals for increased productivity without consulting the physicians about the likely impact on the quality of patient care; the employer makes significant changes in patient care facilities, staffing, or administrative procedures without consulting the physicians; the employer demands reductions in physician income; or the employer breaks promises or uses heavy handed techniques to force physicians to make concessions.

Under many situations, these things might be acceptable to a physician—but as developments begin to adversely affect patients, physicians are increasingly looking to physician negotiation as a tool that may be of help to them. It is undoubtedly this level of recourse that is leading many physicians to take the "employee" route, rather than venturing out on their own.

The Numbers

Of the 620,876 physicians engaged in patient care activities in 1998, 135,144 (22 percent) are post-resident physicians employed by institutions. It is estimated that up to 20 percent are in supervisory positions, which makes them ineligible to engage in physician negotiation. The remaining 108,000 physicians would be eligible to engage in physician negotiation through the AMA-sponsored physician negotiation unit.

The Criterion

A preliminary constitution has been drafted to support the AMA's goal, which would operate as a labor organization under the National Labor Relations Act. According to the AMA's BOT 30, the proposed physician negotiation unit (PNU) would operate under the following parameters:

- Any physician negotiation activity that would be operated, supported, or endorsed by the AMA and/or an affiliate of the AMA, would be established as a professional alternative to organized labor.
- All members, officers, and units of an AMA PNU would follow the Principles of Medical Ethics and the opinions of the Council on Ethical and Judicial Affairs, including a specific provision not to strike, nor to affiliate with non-physicians.
- The AMA would encourage physicians to first seek resolution of their issues through models other than the PNU. These models could include assisted discussions, governance reforms, committee structures, or mediation. The goal of the AMA is to

MSMS will examine the State Action Doctrine which requires state, not federal, supervision and will push for legislation under that Doctrine which would allow self-employed physicians to negotiate with health plans.

The new national negotiating organization is called Physicians for Responsible Negotiation (PRN). resolve problems, not set up bargaining units.

- The PNU would not organize physician owned and operated group practices, so as not to represent some of our members against
- Any AMA PNU efforts would be undertaken in collaboration with federation partners.
- The PNU would be established by the AMA, and the AMA would appoint the unit's Board for the first five years. The law calls for the members of the PNU to elect the Board after five years. The PNU would be a legally distinct, separate entity from the AMA itself, and the AMA would not be able to exert control over its policies and actions.
- It would not be legal to require members of the PNU to be members of the AMA (although a PNU could bargain for payment of AMA dues by employers as a benefit.)PNU's could be used to address a wide range of issues on behalf of employed physicians, including: quality/patient care concerns, equipment and technology needs, productivity standards, terms and conditions of employment, hours, coverage, clinical autonomy, respect, legal and ethical responsibility to meet professional commitments, evaluation criteria, and compensation.

Aim of the Negotiation Unit

The methods and tools the PNU could utilize in addressing these concerns include collective negotiation and bargaining, informational pickets, non-disruptive demonstrations, lobbying and publicity campaigns, unfair labor practice petitions,



and even free days (providing free services to patients of the employers thereby reducing revenue to the employer without disrupting care).

It is estimated that approximately 35,000 to 45,000 physicians in the United States are covered by physician negotiation agreements today. The vast majority of these are either medical residents or salaried physicians who are employed by hospitals, medical schools, health plans, ambulatory clinics or governmental agencies.

Unfortunately, because of the current antitrust laws, self-employed physicians still are unable to actively use PNU's as a way to get what they want. But hopefully, with the AMA and MSMS putting their efforts toward modifying this legislation, things will improve on that front.

The Drive Behind the Battle

"That's an uphill battle, but there are continuing efforts to work on that," says Kahkonen. "An important thing to remember, both at the state and national level, is that the organizations have been advocates for patients and activities that are going to benefit them. I look at it as an extension of the advocacy efforts and just another avenue or forum to help solve some of the problems that physicians and patients are facing."

Sawhney says that, until antitrust laws are modified, self-employed physicians should continue to form physician organizations and negotiate with health plans whenever possible. "I will encourage them to continue to do that, and not wait for [new legislation] to pass because we don't know when that's going to happen."

One thing that Baumann wants to make clear, however, is that the move toward physician negotiation units for physicians is not economically motivated. "It was the professional practice standards, patient care standards and patient rights that were number one," says Baumann. "We're not all that excited about our declining incomes, granted, but that was not what motivated this."

For all physicians, in spite of what some critics may say, the patient always has, and always will come first. And this above all is the motivating factor behind these efforts.

Doctor Baumann says, "It's relatively new, but I can assure you that when the thing is made available, and the guidelines are known, the rules are known, and the legalities are known, we'll move quickly to help any group in the state that's eligible."

The AMA's new national negotiating organization, named Physicians for Responsible Negotiation, is being developed under the auspices of a governing board which includes among its members AMA Trustee Susan Adelman, MD, of Southfield.

For more information on physician negotiation, contact Tom Plasman at MSMS at 517-324-6958 or visit the AMA's Web site at www.ama-assn.org.

something very wrong that's going on in medicine. This is a cry from physicians, 'Listen to us! What you are doing to our profession is not correct!" -MSMS President

"There is

Krishna K. Sawhney, MD

Negotiation Seminars Offered

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Wednesday, Oct. 13, Ann Arbor Thursday, Oct. 28, Beverly Hills

To register, call 517-336-5766.

Who "Owns the Bones?"

The Michigan Osteoporosis Strategic Plan

By Ralph D. Ward

Tow does Michigan health care deal with a public health problem that afflicts some 10 percent of our population (almost a million people); is highly disabling, with direct health care costs alone of \$172 million yearly: and by 2015, could cripple 200,000 women over the age of 45?

For too long, our response to this health care time bomb has been little or nothing.

This health-care crisis in the making is osteoporosis, the long-term loss of bone mass and density. Although the health consequences of osteoporosis have long been known to medical science, approaching it as a treatable condition has lagged through neglect, outdated information and questions over who should handle treatment. Osteoporosis has an image with the public (and too many in the health care professions) as being limited to elderly females; as having a fairly small number of victims; as being an inevitable consequence of aging; and lacking in effective treatment. In truth, though, "this is not just a disease of old age," notes Jan Christensen, of the Michigan Department of Public Health's Division of Chronic Disease and Injury Control. "It reaches across the life span. The vast majority of young females are not getting enough calcium and exercise to build bone mass."

of Public Health

Who Should Treat This Disease?

Indeed, osteoporosis and related bone-density diseases are caused by a lifetime of behavioral, developmental, and genetic factors, and can affect both women and men at all stages of life (though the condition is much more common among women). This means that not only can women of any age make lifestyle and selfcare choices that help prevent osteoporosis, but effective new medical treatments are available to both limit and treat the condition.

Yet a weak link remains in coping with osteoporosis and, most embarrassing to Michigan physicians, this weak link is our health care system. Who in the medical profession should "take ownership" of osteoporosis is one of the first problems—gerontologists orthopedists—gynecologists primary care physicians? "Os-

teoporosis is delegated to different specialists," says Jan Werbinski, MD, of Borgess Hospital in Kalamazoo, "It isn't clear who owns the bones."

Task Force Meets Challenge Head On

To tackle the problem of indifference to osteoporosis issues, a statewide blue ribbon group of 59 physicians, nurses, aging experts, and community health leaders joined in 1998 to form the Michigan Osteoporosis Planning Group. The group included Doctor Werbinski as a representative for MSMS, and its goals aligned with her strong personal interest in the issue. "I'm past president of the American College of Women's Health Physicians, which is working toward specialty care status for osteoporosis."

Last May the group released the fruit of its deliberations, a 45-page "Michigan Osteoporosis Strategic Plan." This plan provides a comprehensive report on the background, issues, and risk factors facing all ages, plus recommendations for educating and motivating both the public and providers, improved screening and prevention.

Michigan physicians play a key role in dealing with osteoporosis under the plan, says Christensen. First, they must become more aggressive on providing proactive treatment to their patients. "Physicians can counter bone loss with more calcium, vitamin K, and weight bearing exercises." Doctors also can make better use of their unique opportunity to inform patients particularly female patients of all ages. "Physi-

disease of old age It reaches across the life span. The vast majority of young females are not getting enough calcium and exercise to build bone mass." —Jan Christensen, Michigan Department

"This is not just a

cians need to engage women in a dialogue on bone health, particularly around the menopause time frame. This and other significant events can lead to bone loss."

Physicians Need to Address the Issues Early

Physicians also may hold many of the above misconceptions about the impact and treatability of osteoporosis, and bring this attitude into their diagnosis and care decisions. One of these is the idea that bone loss and density issues concern only older patients. In truth, late-life osteoporosis problems are often the payoff of poor nutrition and lifestyle choices early in life. "If women don't build bone strength in their first two decades, they're more likely to be disabled in their later decades," warns Christensen. "Not all the symptoms of osteoporosis can be attributed to aging. Diet and exercise also are crucial." The sedentary lifestyle of most Michiganians makes them easier prey for laterlife hip and spine fractures.

Be Aware of All Risk Factors

Other lifestyle choices are ones that physicians should already be warning their patients about, though doctors may not be aware of their osteoporosis dangers. Smoking is a definite factor. It lowers estrogen earlier in life, a factor in loss of calcium, and may make it more difficult for the body to absorb new calcium. Inadequate intake of vitamin D and calcium in school-age girls may be part of overall diet deficiencies. Also, among the reasons to watch out for bulimia and related eating disorders in younger patients is the severe loss of calcium such "binge-and-purge" cycle can cause.

Sometimes physician mishandling of osteoporosis is not a result of such simple neglect, but rather active misdiagnosis. "Certain medications, some fairly routine, can inhibit adequate bone density," warns Christensen. Typically these are approved treatments for

other health conditions but they can leach out bone calcium, particularly in at-risk patients such as older women. Various steroids, hormones, and certain anticonvulsants can have such effects. "It's important for physicians to be aware of how some treatments can influence bone formation, but often bone density isn't even addressed when prescribing these things."

Planning Group Aims for Awareness

The Michigan Osteoporosis Strategic Plan will take the issue on by encouraging a broad awareness program aimed at both the public and those involved in health care. Starting next year, a statewide initiative will spread the word about osteoporosis through news releases, newsletters, online venues, and TV and radio public-service announcements. Although this media effort will be targeted across all genders and age groups, special focus will be made on females in the teen and post-menopausal years — the ages when women are building up their bones, and the years when those bones are in greatest danger.

The agenda for state health care providers is more specific. The plan seeks to provide practical osteoporosis screening, prevention and treatment information to all state physicians, material that is targeted at the patient's age and health needs. Of special concern will be spreading the word that Medicare reimbursement for bone mineral density testing is available. Also, the plan encourages development of standards for bone density measurement, and further training for physicians who make and interpret these tests. "MSMS is recommending better education of physicians across the specialty areas in training, and in reading scans on bone density," notes Doctor Werbinski.

Education is Best Defense

Yet the greatest contribution Michigan's doctors can make in fighting osteoporosis may be increasing their own awareness of the issue and sharing that awareness with patients. With

"MSMS is recommending better education of physicians across the specialty areas in training, and in reading scans on bone density."

-Jan Werbinski, MD

up to one third of the population having some bone density problems, and our aging population, the stakes are high. "This is a broad issue that covers public health, quality of life, and health care costs," observes Christensen. "Hip fractures alone are an enormously expensive and debilitating illness, and we know that a lot of them can be prevented."

For more information on the Osteoporosis Task Force contact Jan Christensen at the MDCH Division of Chronic Disease and Injury Control at 517-335-8369 christensenj@state.mi.us.

The author is a Riverdale-based freelance writer.



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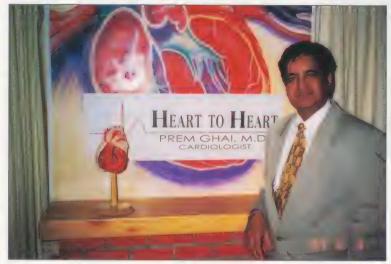
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Dedicated Physicians Strive to Improve Society

By Heather Hoyle



Prem Ghai, MD, poses in front of the "Heart to Heart" television set.

A Heart to Heart with Cardiologist Prem Ghai, MD

Lights, camera, and action. Prem Ghai, MD, of Monroe hears these words monthly. No. he is not the latest television star out of Hollywood. but a cardiologist dedicated to familiarizing the Monroe community about their health. This informative cable program is appropriately entitled "Heart to Heart." It airs on Channel 13 Monroe cablevision in the Monroe community.

"If by doing this show I prevent one stroke, one heart attack, and one death all my efforts will be worthwhile." This is the mission of Doctor Ghai and his cable program "Heart to Heart." The idea for this program resulted from his experience with a patient that mistook a heart attack for indigestion. He failed to distinguish the symptoms. Instead of seeking the necessary medical attention, the patient tried to cure the situation with aspirin and indigestion medication. Doctor Ghai reasoned that the public needed to be educated about their health. He wants the audience of his show to be able to recognize the symptoms of serious health problems in order to obtain the proper medical attention. Doctor Ghai approached a

local public access station and pitched his idea for a show.

Thus in August of 1998 "Heart to Heart" was launched covering a wide range of topics from diabetes to cancer. Doctor Ghai invites guest doctors to speak about their professional specialties. He also has been honored by guest appearances from Governor John Engler and former Miss America Kave Lani Rae Rafko. Doctor Ghai and several program volunteers do not receive any profit from this program. It is purely a

non-profit public service dedicated to teaching the public.

In addition to his cable program, Doctor Ghai writes a weekly column in the Monroe Guardian. He also uses his article to instruct the Monroe community about their health. He encompasses such topics as allergies, Lyme disease, and asthma, to name a few.

Doctor Ghai is extremely thankful to all of the many volunteers that help in the production and research for the program, and to his family for their understanding. Without these important people he would not be able to accomplish his beneficial public service achievements.

Physician Memorialized for Dedicated Community Service: R. Gerald Rice, MD

What is an appropriate way to honor the life achievements of a friend and a colleague? This was the question posed by the associates and friends of R. Gerald Rice, MD, when they attended his funeral last November. After several

"If by doing this show I prevent one stroke, one heart attack, and one death all my efforts will be worthwhile."

- Prem Ghai, MD

meetings they decided to create a scholarship in his memory honoring his numerous lifetime accomplishments.

Doctor R. Gerald Rice dedicated his life to serving the community and improving the health of Michigan's children and their mothers. He served as director of the Michigan Crippled Children's Services and as chief of the Bureau of Maternal and Child Health.

In addition to these Doctor Rice also was director of the Michigan Department of Public Health (MDPH). This position was key to accomplishing his public service achievements. During the era that Doctor Rice worked at MDPH, it was composed of individuals with "high morale that worked together," according to William Weil, MD, original chair of pediatrics at Michigan State University. This supportive environment fostered the development of Michigan's Regional Neonatal Intensive Care system and the state's original genetics centers program. Under the leadership of Doctor Rice, MDPH was dedicated to putting children's health first.

All of Doctor Rice's colleagues and friends are concurrent in the idea that his memory should be honored. Mary Conklin, RNMS, a maternal health nurse consultant under Doctor Rice, says it is appropriate to honor him because of his "leadership in child maternal health." Doctor Rice brought together numerous specialists to improve the "quality of programming" in child maternal health field. She says he "facilitated its happening." Conklin also points out that Doctor Rice "focused on the highest standards of care."

Details of the Scholarship

The particulars of the scholarship are still in their developmental stages. It is certain that a foundation will be established with money from private and public donations. The endowment fund will be maintained within the Michigan State Medical Society Foundation. Doctor



R. Gerald Rice, MD

Rice's colleagues are hoping to target individuals and companies that are associated with the medical community to contribute to the foundation. Their main goal is to receive \$100,000. One scholarship will be awarded to a deserving student for every \$100,000 they acquire. The scholarship will be applicable to students attending a Michigan university, college or professional school who are studying to be health professionals. A small selection committee will be created to choose the scholarship recipient.

Hopefully the R. Gerald Rice Memorial Scholarship will inspire its recipients to continue Doctor Rice's important strides in improving the medical community to better serve society. Individuals like Doctor Rice and his colleagues are imperative in the advancement of the medical community for the benefit of the whole.

The author is a communications intern at

Do you know of a physician who is making a difference? Please contact MSMS Foundation Executive Director, Judith E. Marr, with your story. She can be reached at MSMS at (517) 336-5744 jmarr(a msms.org.

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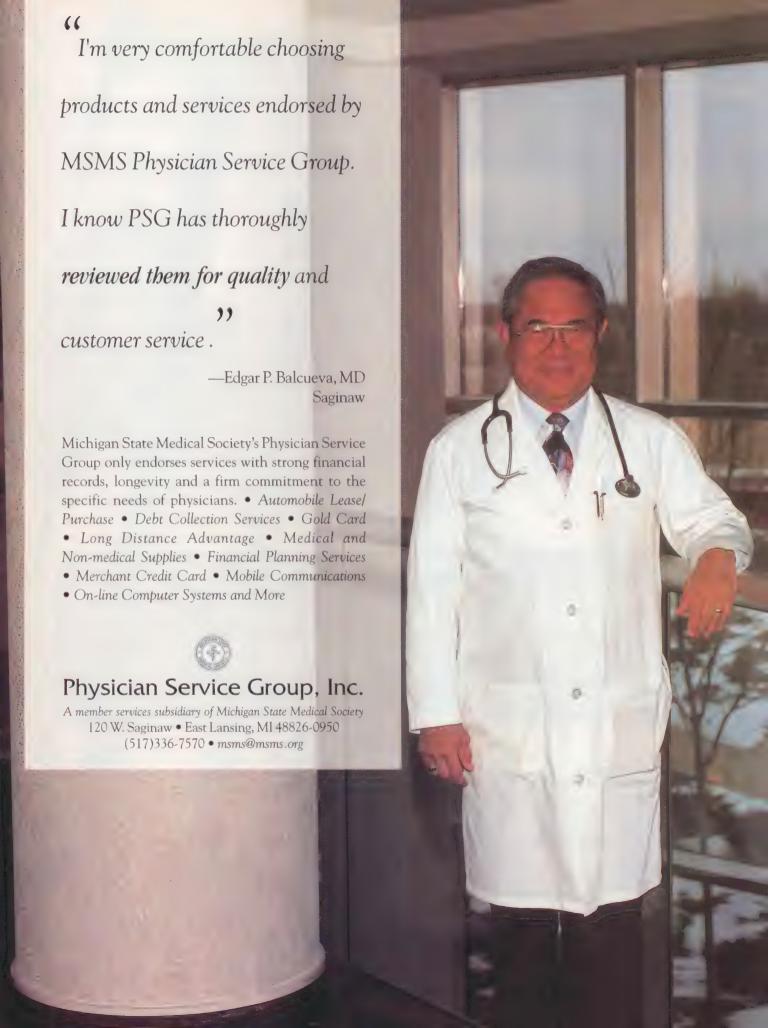


Michigan State Medical Society

134th ANNUAL SCIENTIFIC MEETING

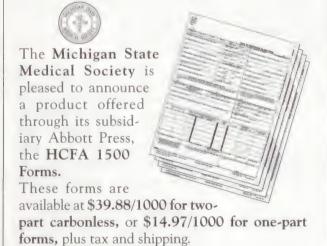
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E D U C A T I O N A L O P P O R T U N I T I E S

Michigan Medicine carries a list each month of opportunities in Michigan for doctors to obtain Category I credits toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least four hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters at (517) 337-1351.

November

- 2, Medical Business Specialist Program: Medical Records & the Law. Location: Holiday Inn, Dearborn, MI. Contact: Deborah Zannoth, Chief, Professional Development; 336-5767 (517)or dzannoth@msms.org.
- 3, Perinatal Network Conference XV. Location: Fetzer Center, Western Michigan University. Contact: Wendy Finsterwald-Watts, RNC; (616) 341-6232. Approved: 6 Category I credits.
- 4-6, Dermatology for the Non-Dermatologist. Location: Hyatt Regency, Aruba. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. Approved: 11 Category I credits.
- 5-7, Managing Respiratory Diseases. Location: Charleston Place. Charleston, SC. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. Approved: 11 Category I credits.
- 9 & 16, Essential Elements in Individual vs. Group Psychotherapy. Contact: The Bar-Levay Educational Association, 3000 Town Center, Suite 1275, Southfield, MI 48075; or (248) 353-5333.
- 10, Medical Business Specialist

- Program: Successful Strategies for Patient Satisfaction. Location: Harbor Holiday Inn. Muskegon, MI. Contact: Deborah Zannoth, Chief, Professional Development; (517) 336-5767 or dzannoth@msms.org.
- 10, Medical Business Specialist Program: Medical Records & the Law. Location: Lakeland Medical Ctr., St Joseph, MI. Contact: Deborah Zannoth, Chief, Professional Development: (517) 336-5767 or dzannoth@msms.org.
- 10, Practice Management Seminars: ICD-10: Will Your Practice be Ready for the Change? Location: Holiday Inn North Campus, Ann Arbor, MI. Contact: Mary Jensen, education coordinator; (517) 336-5706 or mjensen2@msms.org.
- 10, Practice Management Seminars: How to Effectively Handle Workers' Compensation Claims. Location: Holiday Inn North Campus, Ann Arbor, MI. Contact: Mary Jensen, education coordinator; 336-5706 (517)mjensen2@msms.org.
- 11, Practice Management Seminars: Audit Proof Your Practice. Location: Four Points Sheraton, Saginaw, MI. Contact: Mary Jensen, education coordinator; (517) 336-5706 or mjensen2@msms.org.
- 11-12, Advances in Psychiatry XI. Location: Towsley Center, Ann Arbor, MI. Contact: Joyce Robertson, Registrar, Department of Medical Education, P.O. Box 1157,

- Ann Arbor, MI. 48106-1157; (800) 800-0666; or fax (734) 936-1641. Approved: 12 Category I credits.
- 12, Women's Health Conference. Location: Radisson, Kalamazoo, MI. Contact: MSU/KCMS CME Department; (616) 337-4611. **Approved:** 7 Category I credits.
- 12-14, Issues in Women's Health. Location: Boca Raton Resort, Boca Raton, FL. Contact: Linda Main. Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. Approved: 11 Category I credits.
- 16, Risk Management Seminars: Patient Accountability vs. Physician Responsibility. Location: Community House, Birmingham, MI. Contact: Kristen Sabec; (517) 336-5769 or ksabec@msms.org. Approved: 2 Category I credits.
- 17, Medical Business Specialist Program: How to Improve Your Office and Reception Skills. Location: Novi Hilton, Novi, MI. Contact: Deborah Zannoth, Chief, Professional Development; (517) 336-5767 or dzannoth@msms.org.
- 17, Multidisciplinary Women's Health Programs and Quality of Care. Location: Auditorium I. School of Public Health, School of Public Health, University of Michigan, Ann Arbor, MI. Contact: University of Michigan, School of Public Health; (734) 936-1217.

Approved for: 12 Category I credits (2 credits per session).

- 17, Practice Management Seminars: Contracting for the Employed Physician. Location: Holiday Inn. Dearborn, MI. Contact: Mary Jensen, education coordinator; 336-5706 (517)mjensen2@msms.org.
- 18, Medical Business Specialist Program: Successful Strategies for Patient Satisfaction. Location: Four Points Sheraton, Saginaw, MI. Contact: Deborah Zannoth, Chief, Professional Development; (517) 336-5767 or dzannoth@msms.org.
- 18-20, Neurology for the Non-Neurologist. Location: The Westin Resort, St. John, USVI. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. Approved: 11 Category I credits.
- 19, Parkinson's Disease Update. Location: Towsley Center, Ann Arbor, MI. Contact: Joyce Robertson, Registrar, Department of Medical Education, P.O. Box 1157, Ann Arbor, MI 48106-1157; (800) 800-0666; or fax (734) 763-1400. Approved: 6 Category I credits.
- 19-21, Clinical Endocrinology for Primary Care Physicians. Location: Disney's Boardwalk, Orlando, FL. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court,

Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. Approved: 11 Category I credits.

- 19-21, Coronary Heart Disease Update. Location: Tropicana, Las Vegas, NV. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. Approved: 11 Category I credits.
- 23 & 30, Evaluating the Strengths and Weakness of the Psychotherapist. Contact: The Bar-Levay Educational Association, 3000 Town Center, Suite 1275, Southfield, MI. 48075; (248) 353-5333.

December

- 2-4, Coronary Heart Disease Update. Location: Hyatt Regency, Grand Cayman. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. Approved: 11 Category I credits.
- 7, Specialty-Specific Risk Management Seminars: Obstetrical Emergencies and Shoulder Dystocia. Location: Detroit Medical Center, Detroit, MI. Contact: Shawn Polak; (313) 745-7859.
- 7 & 14, Psychopathology in the Bible: A Case Illustration. Contact: The Bar-Levav Educational Association, 3000 Town Center,

Suite 1275, Southfield, MI. 48075; (248) 353-5333.

- 8, Practice Management Seminars: Audit Your Practice. Location: Waterfront Inn, Traverse City, MI. Contact: Mary Jensen, education coordination; (517) 336-5706 or mjensen2@msms.org.
- 9, Practice Management Seminars: Contracting for the Employed Physician. Location: Days Inn, Grand Rapids, MI. Contact: Mary Jensen, education coordinator; (517) 336-5706 or mjensen2@msms.org.
- 9-11, Clinical Endocrinology for Primary Care Physicians. Location: Atlantis Paradise Resort. Nassau, Bahamas, Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. Approved: 11 Category I credits.
- 10-12, Dermatologist for the Non-Dermatologist. Location: Marriott Casa Marina, Key West, FL. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved:** 11 Category I credits.

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The Physicians Resource Council of Michigan encourages physicians to use their expertise to provide practical insights on medical, ethical and social issues for policy makers, medical professionals and the public. It is a professional division of Michigan Family Forum, a Lansing-based research and education organization specializing in family policy issues.

For a brochure or registration information for the educational program, or for information on the Physicians Resource Council of Michigan, please call Pat McCartney at (800) 644-9111.



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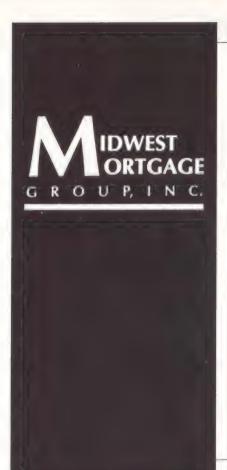
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MSMS Meetings **NOVEMBER**

- 2, Medical Business Specialist Program- "Medical Records & the Law." Location: Holiday Inn, Dearborn, MI. Contact: Deborah Zannoth at (517) 336-5767 or dzannoth@msms.org.
- 3, American College of Obstetrics and Gynecology Board Meeting. Location: MSMS Headquarters, East Lansing, MI. Contact: Dawn Reha at (517) 336-7571 or dreha@msms.org.
- 3-5, 134th MSMS Annual Scientific Meeting. Location: Ritz Carlton, Dearborn, MI. Contact: Brenda Menzies at (517) 336-7580 or bmenzies@msms.org.
- 10, MSMS Committee on State Legislation & Regulations. Location: MSMS Headquarters, East Lansing, MI. Contact: Greg Aronin (517) 336-5739 or garonin@msms.org.
- 10, MSMS Center for Physician **Education and Leadership Practice** Management Seminar- "ICD-10 Will Your Practice be Ready for the Change?" Location: Holiday Inn North Campus, Ann Arbor, MI. Contact: Jennifer Mogyoros at (517) 336-7581 or mjensen@msms.org.
- 10, Medical Business Specialist Program- "Successful Strategies for Patient Satisfaction." Location: Harbor Holiday Inn, Muskegon, MI. Contact: Deborah Zannoth at (517) 336-5767 or dzannoth@msms.org.

- 10, Medical Business Specialist Program-"Medical Records & the Law." Location: Lakeland Medical Center, St. Joseph, MI. Contact: Deborah Zannoth at (517) 336-5767 or dzannoth@msms.org.
- 11, MSMS Center for Physician **Education and Leadership Practice** Management Seminar- "Audit Proof Your Practice." Location: Four Points Sheraton, Saginaw, MI. Contact: Jennifer Mogyoros at (517) 336-7581 or mjensen@msms.org.
- 12, MSMS/MICOA Making the Rounds. Location: Munson Medical Center, Traverse City, MI. Contact: Tom Plasman at (517) 324-6958 or tplasman@micoa.com.
- 16, MSMS/MICOA Risk Management Presents: "Patient Accountability vs. Physician Responsibility." Location: Community House, Birmingham, MI. Contact: Kristen Sabec at (517) 336-5769 at ksabec@msms.org.
- 17, MSMS Center for Physician Education and Leadership Practice Management Seminar-"Contracting for the Employed Physician." Location: Holiday Inn, Dearborn, MI. Contact: Jennifer Mogyoros at (517)336-7581 or mjensen@msms.org.
- 17, Medical Business Specialist Program- "How to Improve Your Office and Reception Skills." Location: Novi Hilton, Novi, MI. Contact: Deborah Zannoth at (517) 336-5767 or dzannoth@msms.org.

- 17, MSMS Board of Directors Meeting. Location: MSMS Headquarters, East Lansing, MI. Contact: Irene Frost at (517) 336-5734 or ifrost@msm.org.
- 18, Medical Business Specialist Program- "Successful Strategies for Patient Satisfaction." Location: Four Points Sheraton, Saginaw, MI. Contact: Deborah Zannoth at (517) 336-5767 at dzannoth@msms.org.
- 23, MSMS Meeting with the Deans of Michigan's Medical Schools- AMA HOD Briefing. Location: MSMS Headquarters, East Lansing, MI. Contact: Julie Lester at (517) 336-5768 or ilester@msms.org.
- 23, Michigan Delegation to the AMA Handbook Briefing. Location: MSMS Headquarters, East Lansing, MI. Contact: Julie Lester at (517) 336-5768 or ilester@msms.edu.

DECEMBER

- 2, MSMS CME Accreditation Committee Meeting. Location: MSMS Headquarters, East Lansing, MI. Contact: Sarah Cressman at (517)336-5727 scressman@msms.org.
- 7, MSMS/MICOA Risk Management Seminar: Obstetrics: Obstetrical Emergencies and Shoulder Dystocia. Location: Detroit Medical Center, Detroit, MI. Contact: Shawn Polak; (313) 745-7859.
- 8, MSMS Center for Physician **Education and Leadership Practice**

Management Seminar- "Audit Proof Your Practice." Location: Waterfront Inn, Traverse City, MI. Contact: Jennifer Mogyoros at (517) 336-7581 or mjensen@msms.org.

- 9. MSMS Center for Physician Education and Leadership Practice Management Seminar-"Contracting for the Employed Physician." Location: Days Inn, Grand Rapids, MI. Contact: Jennifer Mogyoros at 336-7581 (517)mjensen@msms.org.
- 9, MSMS Task Force to Plan "Soaring into the Millennium" Meeting. Location: MSMS Headquarters, East Lansing, MI. Contact: Sarah Cressman; (517) 336-5727 or scressman@msms.org.
- 15, MSMS CME Programming Committee Meeting. Location: MSMS Headquarters, East Lansing, MI. Contact: Sarah Cressman at (517)336-5727 scressman@msms.org.
- 15, MSMS Committee on Aging. Location: MSMS Headquarters, East Lansing, MI. Contact: Tom Plasman at (517) 324-6958 or tplasman@micoa.com.
- 15, Center for Physician Education and Leadership Practice Management Seminar-"ICD-10: Will Your Practice be Ready for the Change?" Location: Four Points Sheraton, Saginaw, MI. Contact: Jennifer Mogyoros at (517) 336-7581 or mjensen@msms.org.

15, MSMS Center for Physician Education and Leadership Practice Management Seminar- How to Effectively Handle Workers' Compensation Claims. Location: Four Points Sheraton, Saginaw, MI. Contact: Jennifer Mogyoros; (517) 336-7581 or mjensen2@msms.org.

JANUARY 2000

13, MSMS Center For Physician Education and Leadership Practice Management Seminar- "ICD-10: Will Your Practice be Ready for the Change?" Location: Dearborn, MI. Contact: Jennifer Mogyoros at (517) 336-7581 or mjensen@msms.org.

SPECIALTY SOCIETIES **OCTOBER**

1, Michigan Society of Respiratory Care Board Meeting. Location: MSMS Headquarters, East Lansing, MI. Contact: Liz Foster at (517) 336-7587 or efoster@msms.org.

NOVEMBER

12, Michigan Society of Respiratory Care - Asthma "Sharing" Meeting. Location: MSMS Headquarters, East Lansing, MI. Contact: Liz Foster at (517) 336-7587 or efoster@msms.org.

16, Michigan Society of Respiratory Care Pulmonary Rehab Committee Meeting. Location: MSMS Headquarters, East Lansing, MI. Contact: Liz Foster at (517) 336-7587 or efoster@msms.org.

DECEMBER

3, Michigan Society of Respiratory Care Board Meeting. Location:

MSMS Headquarter, East Lansing, MI. Contact: Liz Foster at (517) 336-7587 or efoster@msms.org.

AMA MEETINGS **DECEMBER**

1-4, AMA Board of Trustees Meeting: San Diego, CA. Contact: AMA at (312) 464-5000 or visit their website: http://www.ama-assn.org.

5-8, AMA Interim Meeting. Location: San Diego, CA. Contact: Julie Lester at (517) 336-5768 or ilester@msms.org.

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NEWSMAKERS

Paul Adams, MD, an oncologist, was recently named medical director of the Genesys Hurley Cancer Institute in Flint. Doctor Adams will serve as a clinical leader for the outpatient cancer care program.



Sheena Aurora, MD, received the Harold G. Wolff Award, which signifies outstanding researchers in headache exploration. The award is given by the American Association for the Study of Headache.

George L. Blum, a pediatrician from Southfield, recently was awarded the William Montgomery MD Award as Pediatrician of the Year. This is awarded to a pediatrician who shows dedication and devotion to the area of pediatrics.

C. Edward Coffey, MD, was elected president of the American Neuropsychiatric Association. Doctor Coffey is also chair of the department of psychiatry at Henry Ford Health System.



Morris Brown, MD, a critical care medicine physician from Detroit, was appointed as chair of the Department of Anesthesiology. He will oversee clinical and research functions in his department.

Maia McCuiston, a third year medical student at Wayne State University, was awarded the Krystal Johnson Woods scholarship. The scholarship is in memory of Krystal Johnson Woods, a second-year medical student at Wayne State Universitv.

Paul Valenstein, MD, was recently given the 1999 Distinguished Service Award by the American Society of Clinical Pathologists. Doctor Valenstein serves as president of Pathology and Laboratory Management Associates.

OBITUARIES

Frank B. Bicknell, MD, of Grosse Pointe, died on July 13, 1999. He was 92. Doctor Bicknell, an urologist, graduated from University of Michigan Medical School and was a US Army major in World War II. He was a member of Wavne County Medical Society, the American Urological Association, AMA, and MSMS.

Dan J. Bulmer, MD, of Midland, died on May 9, 1999. He was 88. Doctor Bulmer, a former surgeon, graduated from University of Michigan Medical School, and served in the US Army. He was a Fellow of the American College of Surgeons, a member of AMA, and MSMS.

Frank A. Duwe, MD, of Lathrup Village, died May 1, 1999. He was 78. Doctor Duwe, an OB/GYN, graduated from University of Michigan Medical School and was a captain in the US Army. He was a Fellow of the American College of Surgeons. Doctor Duwe was also a member of Wayne County Medical Society, AMA, and MSMS.

Curtis M. Hansen, MD, of Kalamazoo, died June 10, 1999. He was 84. Doctor Hansen, an orthopedic surgeon, graduated from the University of Minnesota, and was president-elect of the Michigan Orthopedic Society. He was also a member of AMA, and MSMS.

Marisa D. Jackson, MD, of Ypsilanti, died July 5, 1999. She was

35. Doctor Jackson, who practiced internal medicine, graduated from University of Illinois. She was a member of Washtenaw Medical Society, and MSMS.

Joseph A. Liioi, MD, of West Bloomfield, died on June 10, 1999. He was 64. Doctor Liioi, an ophthalmologist, graduated from Wayne State School of Medicine. He was a member of Michigan State Ophthalmologist Society, AMA, and MSMS.

John A. McGee, MD, of Jackson, died on May 31, 1999. He was 51. Doctor McGee, a pathologist, graduated from Georgetown University, and served in the US Air Force. He was also a Fellow of the American Society of Clinical Pathologists, the College of American Pathologists, MD-PAC, AMA, and MSMS.

Bernard A. Sage, MD, of Dearborn, died on May 24, 1999. He was 88. Doctor Sage, a family practitioner, graduated from Thomas Jefferson Medical School. He also served in the US Army Medical Corps. Doctor Sage was a member of Wayne County Medical Society, AMA, and MSMS.

Florian J. Santini, MD, of Ironwood, died May 22, 1999. He was 83. Doctor Santini, a general surgeon, graduated from University of Wisconsin and served as a naval flight surgeon in World War II. He was a member of Gogebic Medical Society, AMA, and MSMS.

Lionel F. Swan, MD, of Southfield, died on June 16, 1999. He was 93. Doctor Swan, a general practitioner, graduated from Howard University College of Medicine and established the Detroit Medical and Surgical Center. He was president of the Detroit Medical Society and the National Medical Association. The Detroit Medical Society and Detroit Howard Alumni named Doctor Swan Citizen of Year 1963. He was a member of the Detroit Medical Society, MSMS, and the AMA.

Woodward A. Wickham, MD, of lackson, died July 21, 1999. He was 91. Doctor Wickham, a general surgeon, graduated from Case Western University Medical School. He was a Fellow of the American College of Surgeons. Doctor Wickham was also a member of Jackson County Medical Society, AMA, and MSMS.

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DISCIPLINARY ACTIONS

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate actions and are reproduced verbatim from summaries prepared by the Michigan Department of Consumer and Industry Services, Office of Health Services.

Name: Oliver A. Beamon, MD, 1322 E. Michigan #318, Lansing, MI 48912

Action, Date Taken: 06-24-99; License Suspended- 6 mo. & 1 day Summary Suspension Dissolved.

Reason: Technical Violation of the Public Health Code

Name: Joseph M. Burt, MD, General Delivery, East Lansing, MI 48823

Action, Date Taken: 07-24-99; License Suspended- 6

mo. & 1 day.

Reason: Mental/Physical Inability to Practice

Name: Mohamed A. El-Attar, MD, 27505 Franklin Rd.,

Bldg. #5 Apt. 106, Southfield, MI 48034 Action, Date Taken: 07-21-99; Probation.

Reason: Criminal Conviction

Name: Steven P. Lengyel, MD, 1315 Burgundy, Ann Arbor, MI 48105

Action, Date Taken: 07-21-99; Probation- 3 mo. Rep-

rimand Fine-\$2,500.00.

Reason: Negligence/Incompetence

Name: Thomas A. Lorance, MD, 1510 Sand Point Rd., Suite 1, Munising, MI 49862

Action, Date Taken: 06-25-99; Reclassification Denied.

Name: Michael D. Ward, MD, 26185 Greenfield Rd., Southfield, MI 48075

Action, Date Taken: 07-21-99; Probation until 6-02-2002.

Reason: Mental/Physical Inability to Practice



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Would you like to place an ad? The rate for classified advertising in Michigan Medicine is \$1.00 per word, with a minimum charge of \$50.00. Copy for classified advertisements should be received no later than the first of the month proceeding the month of publication. All submitted ads must be typed. No handwritten or dictated ads will be accepted. To place an ad, contact Kristen Lare Flory, managing editor, at (517) 336-5747 or fax (517) 336-5797.

SEEKING POSITION

Seeking Career Opportunity July 2000 Board certified internist with four years post-residency experience in military community hospital (both inpatient and out-patient) seeks position as general internist in Ann Arbor/ Southeastern Michigan. Credentialed in flexible sigmoidoscopy, exercise stress test, standard in-patient procedures. Enjoys teaching medical students/residents. References available. For CV contact eistraka@pol.net or call (930) 920-3626.

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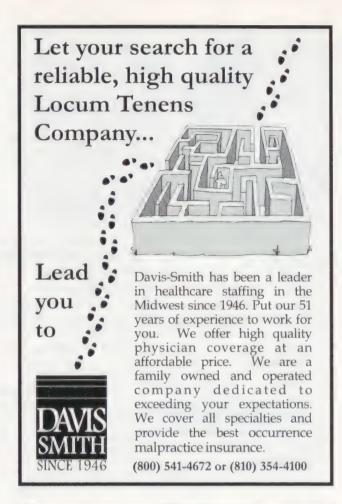
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Sharing the Best of Ourselves

Krishna K. Sawhney, MD MSMS President

"A great flame follows a little spark." Dante Alighieri (1265-1321)



ave you ever pondered the possibility that one-day you may need a heart or kidney transplant? Do you have any friends or colleagues who have gone through the transplant process?

A friend and colleague—many of vou knew him-fell victim to the chronic organ shortage. Charles Vincent, MD, was a professor of ob/ gyn at Wayne State University and very involved in organized medicine at all levels. Doctor Vincent needed a kidney transplant. He got on the transplant waiting list and was fortunate enough to reach the top of the list and received a transplant.

However, the kidney wasn't a perfect tissue match, and his body rejected it. So he got on the waiting list again. The second time, he wasn't so fortunate. Tragically, Doctor Vincent died before another kidnev became available.

Another physician, a prominent Texas surgeon, recently was infected with hepatitis C from a patient during surgery and developed cirrhosis of the liver and needed a transplant. He was fortunate enough to survive the wait for a new liver and received a successful transplant. He was one of the lucky ones.

Cases like these hit close to home and give us pause. What can we do to improve the availability of organs for transplants? Nearly 4,000 people die each year in the United States waiting for organ transplants.

The American Medical Association initiated an excellent program, Live & Then Give, to increase organ donations. The program encourages physicians to take the lead and sign up to become organ donors, becoming role models for their patients and the public. When the program began, I was surprised that so few physicians were signed up as organ donors. If physicians won't take the time to sign up as organ donors, how can we expect our patients to do it?

But once physicians do take the step and sign on as donors, I sin-

66 As a physician, if you haven't signed up to be an organ donor, please ask vourself why not. 99

cerely believe many of our patients will, too. Opinion polls show that up to 80 percent of people say they would be willing to donate organs. So, philosophically, many patients support organ donation. We need to work harder to translate the favorable public opinion into more donor card signatures.

This year, MSMS joined the AMA in its Live & Then Give effort. And we hope you sign up today to be a donor. Statistics show the organ shortage is worsening. The gap is widening between the number of people on the waiting list and the number of transplants performed.

Here's what you can do to help: First, become an organ donor by signing a donor card. (see box) Second, display in your patient waiting area the Live & Then Give certificate you will receive in the mail after signing up. Third, promote organ donation to patients and family members. Encourage them to visit the MSMS Web site for information, or to sign the donor form on the back of the Michigan driver's license.

As a physician, if you haven't signed up to be an organ donor, please ask yourself why not. We have a special responsibility to ourselves and our patients to seek higher moral ground on this issue. We've seen firsthand the good that is done with organ transplantation and the tragedy of organ shortages.

Let's share the best of ourselves. And let's be the spark for our families and patients to do the same.

You can sign up for the MSMS Live & Then Give program through our Web page http://www.msms.org or by calling Nate Pilon at MSMS at (517) 336-5707. Your name will be placed on the Live & Then Give Honor Roll and published periodically in Michigan Medicine, Medigram, and on our Web site.

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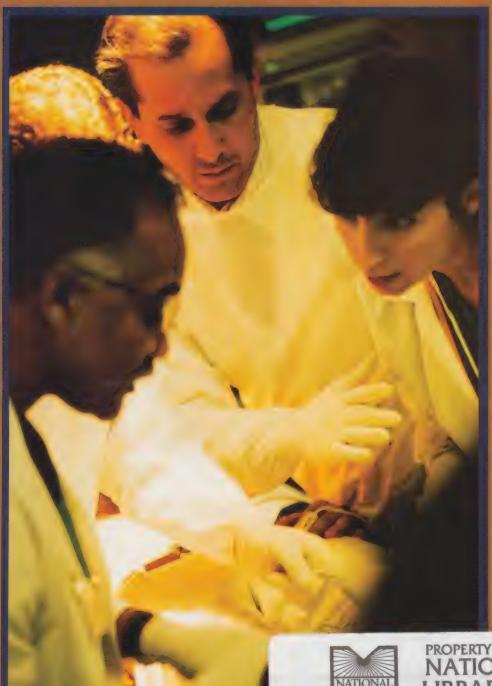


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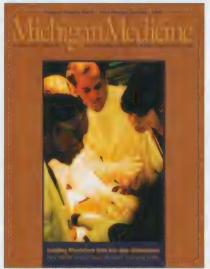
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Michigan Vedicine

COVER STORY



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Leading Physicians into the New Millennium: MSMS Introduces New Services to Meet Members' Changing Needs 28

In a time of rapidly evolving, unprecedented challenges to the practice of medicine, MSMS is out in front, leading the discussion at every level. Read about MSMS advocacy efforts, tools, and services available to you doctor, to keep you in control of your practice and your career as a physician.

By Jennifer Higgins

FEATURES

FOUNDATION UPDATE

MSMS Foundation: Doctors and Their Families Supporting Michigan Communities

Through grants, volunteer time, and fundraising events, the MSMS Foundation made a difference for the citizens of Michigan.

By Nate Pilon

ALLIANCE

MSMS Alliance Makes Plans for Future

The MSMS Alliance reflects on the value and need for membership in their president's inaugural address. By Susan Van Tuinen

EDUCATION UPDATE

There is More to Education that CME: Find Out How MSMS Can Work for Your Business

The MSMS Center for Physician Education and Leadership (CPEL) ventured in several exciting new directions in 1999 that will produce more valuable opportunities for MSMS members.

By Mary Anne Ford

November 1999 Volume 98, Number 11

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The mission of the Michigan State Medical Society is to promote a health care environment which supports physicians in caring for and enhancing the health of Michigan citizens through science, quality, and ethics in the practice of medicine.

FEATURES

SPECIAL FEATURE

Expanding to Provide Resources You Need: Medical Advantage Group

During 1999, Medical Advantage Group (MAG) has witnessed significant growth in managed care management services, consulting services, credentialing services, and peer review services.

By Ahmad Abdul-Qadir

HOD NEWS

HOD Election Process Changes in 2000: Statewide Voting for Open Offices

Beginning in 2000, election procedures for MSMS Board positions will be revamped. Discover how MSMS has amended its voting process for future elections.

By Dorothy M. Kahkonen, MD

SPECIAL FEATURE

The Next Frontier in End-of-Life Care: The Hospital

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The challenge of providing compassionate care to terminally ill patients still needs to be addressed in hospitals.

By Tom M. George, MD

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MSMS: An Advocate for Physicians and Patients: 1999 Legislative Successes and Beyond

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As the debate over health care policy continues into the next millennium, physicians can rest assured that MSMS will continue to push for and support legislation that protects the rights of patients in Michigan. By Gregory T. Aronin

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1999 MSMS Community Service Awardees

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Read about your giving colleagues who received awards for their involvement with their communities.

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Errata

In the 1999 Fall Membership Directory an erroneous fax number and zip code for MSMS was printed on the "Find an Error" sheet. The correct fax number is (517) 337-2590 and the correct zip code is 48826-0950. The staff of Michigan Medicine apologizes for any inconvenience this may have caused.

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The Michigan State Medical Society Committee on Publications is the editorial board of Michigan Medicine and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

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Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. It is published on a monthly basis. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, \$100.00 (includes weekly Medigram newsletter); single copies, \$5.00. Printed in USA. All communications relative to articles, news, exchanges and classified advertising should be addressed to Kristen Lare Flory, advertising to Judy Hudson, and address changes to Janet Button, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351. POSTMASTER: Send address changes to Michigan Medicine, P.O. Box 950, East Lansing, MI 48826-0950

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Design, layout and prepress by Abbott Press, East Lansing, a subsidiary of MSMS.





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the Voice of 14,000 Michigan Physicians

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MSMS Foundation

Doctors and Their Families Supporting Michigan Communities

By Nate Pilon

In 1999, The Michigan State Medical Society Foundation continued to advance the field of health for the public good, awarding grants totaling \$23,000 to various organizations promoting volunteerism and public health issues throughout the state of Michigan.

Due to MSMS members' generous contributions to the MSMS Foundation—a non-profit charitable organization sponsored by the Michigan State Medical Society—health education, research, and altruistic community health projects continued to excel through Michigan physicians' gifts to the MSMS Foundation. "Your gift to the Foundation ensures your permanent place in a long-standing tradition of Michigan physicians caring for the well-being

Physician gifts to the Foundation may be designated for a particular purpose or given to the general fund. In 1999, Foundation grants supported:

Michigan Association For Deaf, Hearing, And Speech Services

Based in Lansing, this organization received a grant of \$3,000, which helped bring health education and awareness programs to special needs students and families.

Lake Michigan Academy of Grand Rapids

\$1,800 went to support further training of staff in providing services to dyslexic West Michigan children.



YPS Chair Scot F. Goldberg, MD (left), Country Club of Lansing Tennis Pro Gene Orlando (center, left), MSMS Alliance President Susan Van Tuinen (center, right), and MSMS Manager, Risk Management Peggy Galloway (right), enjoying the 7th Annual MSMS and MSMS FoundationGolf/Tennis Classic in Lansing.

of state's citizens," said Peter A. Duhamel, MD, Foundation president. "Your name and the names of those you wish to honor will live on as benefactors of the public good — enriching lives exactly as you choose."

University of Michigan Historical Center For Health Sciences

The MSMS Foundation awarded this organization \$5,000, supporting the teaching and practicing of immigrant health services at the Freedom House in Detroit.

American Heart Association, Midwest Affiliate

This Southfield-based organization received a grant of \$5,000 to place 50 HeartPower! Kits in pre-

school through eighth grade classrooms across the state. The kits are designed to teach health heart lessons to children.



The annual golf and tennis classic at the Country Club of Lansing is the major fundraiser to benefit the work of the MSMS Foundation. Mark your calendar for May 22, 2000.

Community Hospice And Home Care Services

A grant of \$4,000 was used to purchase three laptop computers, assisting hospice patients with viewing "Easing Cancer Pain" CD-Roms in their homes.

University of Michigan Health Systems M-FIT Program

Community nutrition education trainers, who assist patients in making healthy food choices at the supermarket to prevent heart disease, cancer, diabetes, and other chronic diseases, used the grant of \$4,000 to support their further training

Through an outright donation, establishment of a bequest or charitable remainder trust, gifts of real estate, insurance, retirement savings or stocks, you will join with others to grow the Foundation's capabilities to support good health promotion projects all across Michigan.

1999 saw the first year of the Foundation's "Legacy" campaign. MSMS members who included the Foundation in their wills became charter members of the Legacy Club. \$100,000 in large gifts were willed to the Foundation in the first year of the campaign, with another \$100,000 in the works, as MSMS leaders become members of the Foundation's Legacy Club.

The author is a communications specialist at MSMS.

Full details of your opportunities to give are available contact Judy Marr, MSMS Foundation executive director, at (517) 336-5744 or email jmarr@msms.org

MSMS Alliance Makes Plans for Future

Presidential Inaugural Address

By Susan Van Tuinen

hat is an Alliance and what does membership in one mean to you?

Is it:

A voice for medicine?

A group of people with a common bond? An avenue to reach out to others? The making of lasting friendships?

MSMS Immediate Past MSMS President Cathy O. Blight, MD, says "I love the word 'Alliance' — it's a bond or connection between families, states, parties, or individuals; an association to further the common interest of the members."

For me, this has always been what our Alliance means. It has always been what we do. In my inaugural address, I acknowledged it takes courage to get involved in the Alliance. But people like you do get involved and you do care. Your membership translates to me as having strong vision, big hearts, and willing hands for the future of medicine and the health of our communities.

Your involvement is needed in any number of areas you choose to participate in. Yes, you are only one, but you are one and you can accomplish much. Many of the suggestions listed below you may have already tried. Maybe you will see a new one that will make that one difference you're looking for as a participating member.

Membership

- Be a mentor to a new member
- Ask a member you haven't seen in a while to attend a meeting
- Write a note or call a member who needs your support
- If you are not a member of the AMA-A Alliance, consider joining

Legislation

- Ioin MDPAC
- Phone, e-mail or fax legislators on key issues
- Attend the MSMS & MSMS-A Capital Check-up day 2000

Health Projects

- Help distribute "I Can Choose" and "Hands are Not for Hitting" books
- Use our new "Hands are Not for Hitting Banner"
- Use the "Monitor the Media" pamphlets
- Show the binge drinking video to a group
- Be a part of "SAVE Day" on October 13th, joining other Alliances throughout the state and country to stop America's violence everywhere.
- Convince local telephone directory publishers to include hotline numbers in their emergency section

MSMS Foundation

Participate in "Doctors and Their Families Make a Difference" day where collections of personal care items for use by women and children are given to the local shelters in your own communities.

AMA Foundation

- Donate an item to be raffled or auctioned for the Foundation
- Participate in your county's Sharing Card
- When it comes time to donate to your alma mater, do so through the Foundation

No matter what or how you choose to be involved, big or small, a check or a phone call, we need you! There is a place for you in the ALLIANCE - there is a place for me. Yes, I am only one but I am one!

The author was installed as president of the MSMS-A on May 2, 1999.

"I love the word 'Alliance'
—it's a bond or connection between families, states, parties, or individuals; an association to further the common interest of the members."

Cathy O. Blight, MD

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MSMS Strategic Plan Gears Up for a New Century

Mike Skinner

By Ralph D. Ward

n old business saying holds that failure to plan is planning to fail. By that measure, the MSMS Strategic Planning Process offers a blueprint for organizational success, not only through final plan itself, but also by what the process tells the Society about itself.

Establishing a Focus

The MSMS Strategic Plan "basically prioritizes what we feel are the important issues," notes Ken Musson, MD, chair of the MSMS Board of Directors. The plan encompasses two major headings. The first is the current issues facing membership (such as liability, scope of practice, autonomy, and reimbursement, etc.). The second involves long-range issues and strategy, such as collective bargaining for physicians, mastering and implementing new technology, and increasing the power of physicians as patient-care advocates.

Setting a Course of Action

These major goals are further broken down by the MSMS board to specific responsibilities for MSMS staff or board committees, and then action agendas. "The MSMS process is active rather than reactive," notes Mike Skinner, president of See, Inc., the consultant who assists in the society's strategic review. "Instead of waiting for events or legislation to happen, they actively pursue positive strategies. MSMS is probably at the forefront of [medical] societies nationwide in doing this."

Reaching Our Members

The 1999 planning session, held in July, focused on strategic agendas for the new century. One change in strategy will be new attention to "how we use technology to communicate with and educate our members," notes MSMS Executive Director Bill Madigan. "For instance, we'll look into telemedicine — going over the

airwaves with CME programs. We'll also investigate more use of e-mail in communicating with members, to build a network for advocacy."

Building Strong Membership

Member leadership development and mentoring programs also are on the revised agenda. "We're working on the leadership among our members. When you look at the demographics of our newer members, they tend to be non-joiners when it comes to politics and other professional groups. We hope to fight against that with mentoring programs that get our seasoned physicians communicating with younger members on why it's important to belong, and to be involved."

Although the MSMS Strategic Planning meeting is a highpoint of the planning calendar, "we track the progress at each board meeting, with a summary sheet for each area going to the board at each meeting," says Doctor Musson. "This gives us an overview of what's going on, and helps the staff and directors keep the process moving along."

Self Evaluation

The process of evaluating and updating the MSMS plan offers a greater payoff than just the improved results, however. By examining the Society's core values, the changes facing medicine, and the MSMS strategic responses, the process itself offers a refreshing analysis of the Society's values. "It helps us to run the organization more efficiently," observes Doctor Musson. "We're all in the room together, so we learn about ourselves in the process — it's good for us."

The author is a Riverdale-based freelance writer.

"Instead of waiting for events or legislation to happen, they actively pursue positive strategies. MSMS is probably at the forefront of [medical] societies nationwide in doing this."

—Mike Skinner, president of See, Inc.



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Find Out How MSMS Can Work for Your Practice

By Mary Anne Ford

The MSMS Center for Physician Education and Leadership (CPEL) ventured in several exciting new directions in 1999 that will produce more valuable opportunities for MSMS members. CPEL takes no shortcuts in staying at the forefront of trends in Michigan medicine, paying close attention to physicians' dynamic needs for educational enrichment. As a leading CME provider throughout Michigan, MSMS' strong commitment to quality improvement is advancing medical education into a new millennium.

All things evolve, but some things never change, such as the excellence of the MSMS Annual Scientific Meeting (ASM) and the Conference on Maternal and Perinatal Health. The ASM, now in its 134th year and Maternal and Perinatal Health now in its 38th year, continue to draw physicians from diverse backgrounds all corners of Michigan. The 3rd Annual Conference on Bioethics explored professional integrity in the face of change, assuring the conference's place in the MSMS tradition. The following is a glimpse at other significant educational accomplishments in 1999.

Practice Management and Leadership

- Facts and Fiction of Physician Compliance— MSMS and the State Bar of Michigan, Health Law Section drew a crowd of physicians and attorneys to learn the facts about fraud and abuse from state and federal officials and from representatives of the private sector
- Health Care Negotiation and Conflict Resolution-nationally renowned conflict resolution expert from the Harvard School of Public

Health shared his imaginative approaches to effective problem solving

■ E&M Tools. Tricks and Helpful Hints-offered practical

methods to reduce documentation burdens

- Physician Practice Mergerspresentation of comprehensive case study of practice mergers in the United States
- Fraud & Abuse-enabling physicians to identify problem areas, comprehend carriers' pre- and post-payment reviews, and understand audits





■ Workers' Compensation Claims—beneficial knowledge for physicians treating injured workers, simplifying the administrative hassle

Facilitating CME Opportunities

■ MSMS' commitment to education extends beyond the conferences and seminars we offer. As a joint sponsor of CME programs, we help bring quality CME to county medical societies, local health departments and other organizations. MSMS also accred-

> its 72 hospitals a n d health care organizations to offer CME programs, assuring that all

physicians have access to quality CME opportunities. In July, 100 representatives of CME providers participated in our annual conference.

Technology

■ MSMS this year began delivering a series of Internet training seminars entitled. Finding Medical Information on the Internet at college and university sites throughout Michigan

Pain Management

In an area where ethical and legal complications abound, MSMS consistently offers its members clear answers about the complex issues related to pain management.

- Controversies in End-of-Life Care witnessed an outstanding turnout in Grand Rapids this past May
- Three thought-provoking courses at the Annual Scientific Meeting will be offered: The Management of Chronic Pain, Controversies in Pain Management, and Pain Management and Hospice Care, November 3,4, and 5. respectively

Customized programs

In order to fit into physicians' busy schedules, MSMS' CPEL can now bring customized programs directly to your location for physicians, group practices, office and hospital staffs including the following popular topics:

- Evaluation and Management
- Coding and Documentation
- Fraud and Abuse
- Contracting for the Employed Physician
- Workers' Compensation Claims
- Medical Business Specialist Program (a oneof-a-kind program enhancing the skills of office staff in coding, collection, medical records retention and more)

In the year 2000, MSMS will continue to meet education needs with more innovative conference and seminar offerings. Watch for "Complementary Medicine: Revolution or Evolution?" February 25 and "Women's Health: A Lifetime of Care," April 13 and 14. Also planned for August 4-6: "Soaring Into the Millennium," a retreat for physicians and families, exploring practice management and economic issues affecting medical practice. For more information on MSMS education programs, contact Esther Nobles at (517)336-5766 or enobles@msms.org. Also visit the Center for Physician Education and Leadership on the Internet at www.msms.org/education.

The author is general manager of subsidiary operations at MSMS.

"I am enjoying the environment here and the wonderful educational opportunities."

-Eleanor Santiago, MD, Kalamazoo

Powers of Attorney and Medical Records

By Richard D. Weber, JD MSMS Legal Counsel



Question: Do persons who have been designated as a patient advocate or an attorney-in-fact under a Medical Power of Attorney have a right to review and get copies of medical records of the person making the designation? Is the answer different if the patient is living, disabled or dead?

Answer: There are two kinds of Powers of Attorney that must be considered in responding to this question. First, there is a Power of Attorney by which a principal, in this instance the patient, (hereinafter "patient") designates another person as the patient's attorney-in-fact in writing. This is a Durable Power of Attorney if the document contains words showing that the patient's intent is that the authority conferred is exercisable notwithstanding the patient's subsequent disability or incapacity and, unless the document states a termination date, notwithstanding the lapse of time since the execution of the instrument. If a Power of Attorney does not express this intent by the patient, it is still a Power of Attorney but is not durable in the sense that it does not survive the disability or incapacity of the patient.

Whether the Power of Attorney is durable or not, the attorney-infact, or designated representative, has the right to obtain copies of the patient's medical records. Although the death of the patient terminates both a Durable and Non-Durable Power of Attorney, and the disability or incapacity of the patient terminates a Non-Durable Power of Attorney, there are built-in protections for persons, such as physicians, who rely upon the Power of Attorney. The death of the patient does not revoke or terminate a Durable Power of Attorney if the physician or other person, without actual knowledge of the patient's death, acts in good faith under the power. With respect to a Non-Durable Power of Attorney, the death, disability or incapacity of the patient does not revoke or terminate the agency with respect to a physician or other person who, without actual knowledge of the patient's death, disability or incapacity acts in good faith under the power. Actual knowledge provides protection to physicians who may have constructive knowledge through office records, but does not have actual knowledgein-fact at the time of reliance upon the Power of Attorney.

An entirely different kind of a Power of Attorney is one in which the patient appoints a Patient Advocate to exercise powers concerning care, custody and medical treatment decisions. This type of Power of Attorney only transfers authority to the Patient Advocate to obtain medical records and otherwise make medical decisions after the patient is unable to participate in medical treatment decisions. It does not authorize the Patient Advocate to obtain medical records or otherwise make medical decisions during a period of time when the patient is able to make medical decisions on his/her own behalf. Whether a patient is unable to participate in medical decisions must be determined by the attending physician and another physician or licensed psychologist. The physician or other person acting in reliance upon the action of a Patient Advocate may do so even if the designation has been revoked if the physician or other person acts in good faith under the designation and without actual knowledge of the revocation.

Subject to the good faith, actual knowledge protection afforded to physicians and others, both types of Powers of Attorney terminate upon death. Upon death, a person's personal representative, who may be either nominated in the decedent's will or appointed by a probate court

Editor's note: If you have legal questions you would like answered by MSMS legal counsel in this column, jot them down and send them to Kristen Lare Flory, managing editor, P.O. Box 950, East Lansing, MI 48826-0950.

if the decedent died intestate, has the authority to review and obtain copies of medical records.

To provide copies of medical records to a patient's representative under a Power of Attorney, the physician should obviously receive and review a copy of the executed Power of Attorney and place it in the patient's file. Although this article is not designed to cover all of the legal requirements and issues regarding Powers of Attorney, they must obviously be in writing, signed and witnessed as provided in the respective statutes.

The rules regarding Powers of Attorney and designation of a Patient Advocate are virtually all statutory. The responses to your question are based upon a comprehensive Act entitled "Estates and Protected Individual's Code", which will be effective April 1, 2000. This comprehensive Act is the recodification of the laws relating to wills and intestacy, and the administration and distribution of estates and trusts. The provisions regarding Powers of Attorney reflected in the new Act are essentially the same under existing law.

The author is senior partner at Kerr, Russell, and Weber, Detroit, L



Not every practice needs to get Y2K ready. But you do.

Old-fashioned medicine was simple. But the highest standards of health care today depend on complex interrelationships between providers and technical systems, including billing systems. You should test your billing systems with Medicare and other payers. And you should prepare for any and all contingencies. It's not too late to get ready, but it is too late to delay—if you want to get paid on time as we enter the next millennium.

For information and Y2K resources, call 1-800-958-4232 or visit www.hcfa.gov/y2k

Medicare is Y2K ready. Are you?

Expanding to Provide Resources You Need

Medical Advantage Group

By Ahmad Abdul-Qadir

uring 1999, Medical Advantage Group (MAG) has witnessed significant growth in each of its four major lines of business: Managed care management services, consulting services, credentialing services, peer review services.

- Performing referral analysis and reporting
- Conducting utilization analysis
- Drafting communications to members of these organizations

Consulting

Continuing in the tradition of the Winchester Group (one of MAG's predecessors), MAG has

provided consulting services to a sizable number of IPAs and PHOs, including St. Mary's PHO in Saginaw and Northern Physicians Organization in Traverse City. MAG also has assisted several physician groups with practice mergers.



Managed Care Management

During the past year, MAG has signed agreements to provide managed care management services for several IPAs **PHOs** including Oakwood Primary Care Physicians, the Crittenton Contracting Organization, the PHO of Greater Montcalm, and the Greater Jackson Area Physician Organization. Under these contracts, MAG provides a range of services including:

- Negotiating risk contracts with health plans
- Developing networks of preferred specialists
- Conducting financial analysis



Medical Advantage Group's President & CEO, Larry P. Schwartz (center, seated); Manager, Physician Networks and Contracting, Thomas M. Wolff (left); and Analyst, Larry R. Hearld (right).

PROFESSIONAL CREDENTIAL VERIFICATION SERVICE, INC.

Credentialing

Constantly seeking new partnerships to offer the "complete" package to clients, MAG also has assumed management of Professional Credential Verification Service (PCVS), jointly owned by MSMS and Mutual Insurance Corporation of America (MICOA). Under MAG management PCVS has grown rapidly. In fact, forecasts indicate that PCVS will process nearly three times as many credentials in 1999 than it processed in 1998. Further, PCVS is rolling out its newest product, designed to simplify the credentialing process for both physicians and health plans. Early feedback on this program, appropriately named Just One TimeSM, indicates that the medical marketplace is enthusiastic about this new product.

Peer Review

"Physicians, insurers, and institutions should know that there is a body in the state in that one can have confidence in terms of credibility and objectivity to help resolve dilemmas that arise out of differences of opinion between physicians and management," said Donald C. Smith, MD, PROM medical director. That "body," commonly known as Physician Review Organization of Michigan (PROM), is now under MAG management. During MAG's brief management tenure, PROM has added several major new clients including several hospital medical staffs and a major national correctional system. PROM actively seeks highly qualified, board-certified physicians as physician peer review consultants.

During the past year, MAG obtained the license to utilize Peer-a-Med®, a case-mix and severity-adjusted physician profiling system. This profiling software will be an invaluable tool for IPAs and PHOs by identifying abnormal utilization in both the inpatient and ambulatory settings.

Looking Ahead

The future appears bright for MAG as the company peers into the year 2000 and beyond. MAG expects to sign additional management contracts in the coming months. One of these agreements may likely be with an out-of-state IPA or PHO. MAG also anticipates gaining new consulting clients as its reputation among physicians and hospitals continues to grow.

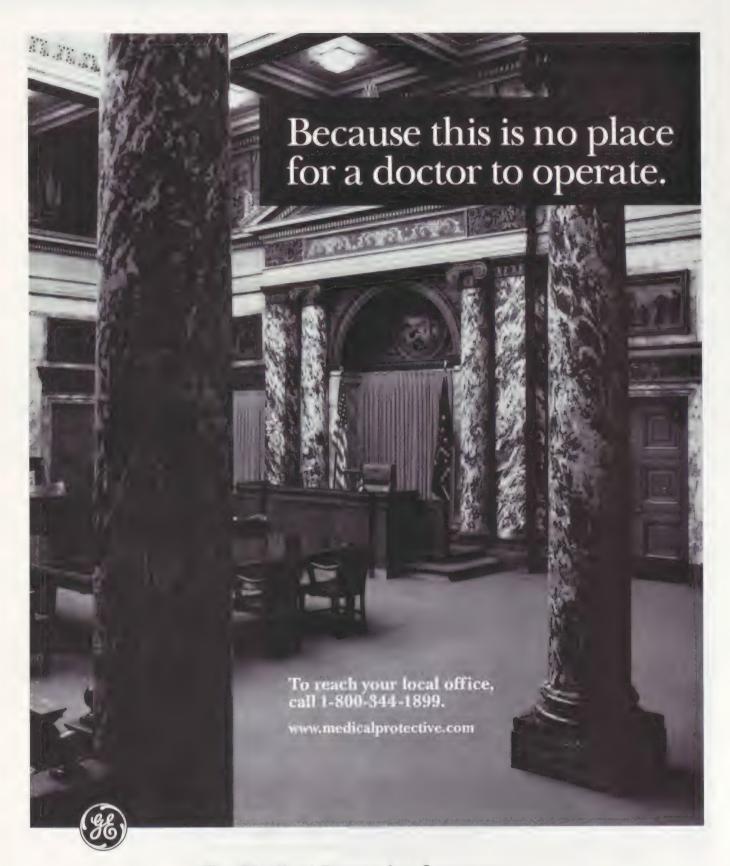
All MAG offices have been consolidated into one convenient location just off of US-127 at 2501 N. Coolidge Road in East Lansing. For more information concerning MAG's products and services, contact MAG President and CEO, Larry Schwartz, at (517) 336-1400 or at Lschwartz@medicaladvantagegroup.com. You also can find out more about MAG by visiting the company's Web site at www.medicaladvantagegroup.com.

The author is communications network liaison at MSMS.



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HOD Election Process Changes in 2000

Statewide Voting for Open Offices

By Dorothy M. Kahkonen, MD

The 2000 MSMS House of **Delegates** will take place **April 28-30 at** the Amway Grand Plaza, **Grand Rapids**

lection of a new President-elect, District Directors for the MSMS Board of Directors, and AMA Delegates and Alternate Delegates whose term expire in 2000 will be held Saturday, April 29, during the 2000 House of Delegates at the Amway Grand Plaza in Grand Rapids. Elections will be conducted by ballot that morning.

Beginning in 2000, the elections for MSMS Speaker, Vice Speaker, President-elect and AMA Delegates and Alternate Delegates will be statewide. The House of Delegates has eliminated the former allocation ratio between Wayne County and the rest of the state.



Dorothy M. Kahkonen, MD, Speaker MSMS HOD

Any MSMS member wishing to run for an open seat or to challenge any incumbent listed here should contact his or her county society president, secretary, executive or county delegation chair for the formal nomination process at the county level.

Preparing for the Election

All members seeking election to MSMS offices are asked to complete a candidate nomination form to provide biographic information to House of Delegates members prior to voting. This form is available through county secretaries, executives, delegations and through MSMS. They will be distributed to delegates at the District Director Briefings, on

the House of Delegates Web site located at www.msms.org and placed in the Delegate Handbook. Candidate nomination forms must be submitted to MSMS by March 3, 2000.

The Ballot for 2000

Your speakers, myself and Paul O. Farr, MD, recently polled all incumbent MSMS office holders whose positions are up for a vote. The poll was conducted according to House of Delegates requirements to determine which officeholders are seeking nomination for re-election.

- John H. McLaughlin, MD, Board member for District #15, is ineligible to run for re-election to the MSMS Board of Directors, as he has completed three three-year terms. Kenneth H. Musson, MD, Board member for District #9, has completed two terms and will not seek re-election. He will be running for the President-elect position
- John W. Hall, MD, Northern Michigan, will not seek re-election as Alternate Delegate to the AMA
- The resident and student positions on the AMA Delegation will reverse in 2000. The AMA Delegate position will be open to a student and the AMA Alternate Delegate position will be open to a resident
- The president-elect is elected annually and

will become president at the following House of Delegates meeting. To date, two members have announced their candidacies for the president-elect position: Carl F. Hammerstrom, MD, Marquette-Alger County and Kenneth H. Musson, MD, Grand Traverse-Leelanau-Benzie County

 Nominations for MSMS Board positions of Secretary, Assistant Secretary, Treasurer and Assistant Treasurer will be made by the Board of Directors and brought to the House of Delegates for a vote

The list of offices that will be voted upon at the 2000 House of Delegates follows:

District Directors

(May serve three three-year terms – for a three-year term to 2003 House of Delegates)

District #1 - Wayne

Incumbent James P. Gallagher, MD, Wayne (completed one term)

District #2 - Clinton, Eaton, Hillsdale, Ingham and Jackson

Incumbent Mitchell A. Rinek, MD, Ingham (completed one term)

District #3 – Branch, Calhoun and St. Joseph

Incumbent
Jeffrey M. Jones, MD, Calhoun
(completed two terms)

District #4 - Allegan, Berrien, Cass, Kalamazoo and Van Buren

Incumbent James B. Kilway, MD, Kalamazoo (completed two terms)



Paul O. Farr, MD, Vice-Speaker, MSMS HOD

District #5 – Barry, Ionia-Montcalm, Kent and Ottawa

Incumbent M. Gary Robertson, MD, Ottawa (completed one term)

District #9 - Grand Traverse-Leelanau-Benzie, Manistee, Northern Michigan and Wexford-Missaukee

Incumbent

Kenneth H. Musson, MD, Grand Traverse-Leelanau-Benzie

(completed two terms) - will not seek reelection

District #11 – Mason, Mecosta-Osceola-Lake, Muskegon, Newaygo and Oceana

Incumbent Robert C. Packer, MD, Muskegon (completed one term)

District #13 - Dickinson-Iron, Houghton-Baraga-Keweenaw, Menominee and Ontonagon

Incumbent

Rudy W. Stefancik, MD, Houghton-Baraga-Keweenaw

(completed one term)

Resolutions are due to MSMS by February 28, 2000, 45 days prior to the House of Delegates

Future House of Delegates Dates: May 4-6, 2001 Ritz-Carlton, Dearborn May 3-5, 2002 Ritz-Carlton, Dearborn

For More Information:

Regarding the MSMS House of Delegates, contact Jennifer Bates at (517) 336-5738 or ibates@msms.org; David Fox at (517) 336-5731 or dkfox@msms.org; or Jeanne Miller at (517) 336-5726 or ikmiller@msms.org.

District #15 - Oakland and Macomb

Incumbent

John H. McLaughlin, MD, Oakland (completed three three-year terms – ineligible for re-election)

District #15 – Oakland and Macomb

Incumbent

Alan M. Mindlin, MD, Oakland (completed one term)

District #15 - Oakland and Macomb

Incumbent

Donald B. Muenk, MD, Macomb (completed one term)

Secretary, Assistant Secretary, Treasurer, Assistant Treasurer (for a one-year term to 2001 House of Delegates – nominated by the Board – MSMS Bylaws, 13.40)

Incumbents:

Thomas R. Berglund, MD, Kalamazoo, Secretary

Thomas C. Payne, MD, Ingham, Assistant Secretary

AppaRao Mukkamala, MD, Genesee, Treasurer Earl G. Moehn, MD, Macomb, Assistant Treasurer – not seeking re-election

Speaker

(one-year term to 2001 House of Delegates) Incumbent

Dorothy M. Kahkonen, MD, Wayne

Vice Speaker

(one-year term to 2001 House of Delegates) Incumbent

Paul O. Farr, MD, Kent

President-elect

(one-year term to 2001 House of Delegates) Candidates to date:

Carl F. Hammerstrom, MD, Marquette-Alger Kenneth H. Musson, MD, Grand Traverse-

Leelanau-Benzie

Delegates to the American Medical Association

(two-year term to 2002 House of Delegates) Incumbents:

Busharat Ahmad, MD, Monroe (first elected 1990)

Billy Ben Baumann, MD, Oakland (first elected 1983)

Cathy O. Blight, MD, Genesee (first elected 1994)

Gilbert B. Bluhm, MD, Wayne (first elected 1996)

Dorothy M. Kahkonen, MD, Wayne (first elected 1995)

Partha S. Nandi, MD, (Resident), Wayne (first elected 1998)*

Marguerite R. Shearer, MD, Washtenaw (first elected 1997)

* Student position will take a seat as an AMA Delegate for the term 2000-2002

Alternate Delegates to the American Medical Association (in order of seniority)

(two-year term to 2002 House of Delegates) Incumbents:

John W. Hall, MD, Northern Michigan, will not seek re-election (first elected 1990)

Domenic R. Federico, MD, Kent (first elected 1993)

Thomas E. Stone, MD, Muskegon (first elected 1995)

James P. Gallagher, MD, Wayne (first elected 1998)

Michael Sandler, MD, Wayne (first elected

Angela R. C. Tiberio, MD, Kent (first elected 1998)

Pino D. Colone, MD, Genesee (first elected 1998)

Jeffrey Huo, Student, Washtenaw*

* Resident position will take a seat as an AMA Alternate Delegate for the term 2000-2002

Health Care Challenges: The Past, Present & Future

The 22nd Annual British Virgin Islands Medical Conference

January 31-February 4, 2000

The Annual Medical Conference is designed to enhance the continuing medical education of physicians in multiple disciplines

William Magee, Jr., DDS, MD

We are pleased to announce William Magee, Jr., DDS, MD, co-founder of Operation Smile, will be the DeVos keynote speaker.

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Conference Registration

Conference registration fee is \$550 before December 15, 1999 (\$650 after 12/15/99)

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Conference Registration For information call Conference Coordinator:

Ginny A. Riisberg (616-391-1290) or fax (616-391-2911) or email (virginia.riisberg@spectrum-health.org) Spectrum Health - Downtown, Grand Rapids, MI

The Next Frontier in End-of-Life Care

The Hospital

By Tom M. George, MD

year ago, Michigan voters soundly defeated a proposal to legalize physician-assisted suicide. The challenge of providing compassionate care to terminally ill patients however, especially within hospitals, was not solved by this vote.



Most patients facing death would rather be home than in a hospital. When terminally ill patients are diagnosed in the hospital though, they are often just too sick to return home. Other terminally ill patients are widowed or live by themselves and should not be sent home alone. It turns out that an individual's risk of dying in a hospital is related directly to the number of hospital beds in one's community. In Michigan about 30 percent of the deaths of Medicare patients occur in hospitals.

Modern hospitals do a superb job of treating trauma victims, delivering babies, and removing gallstones. Unfortunately though, they are not a very pleasant place to die. Patients dying in hospitals are more likely to die in pain, may receive unwanted medical care that prolongs the dying process, and are at risk of having their wishes regarding care and resuscitation ignored.

An Innovative Solution

One way to improve the experience of patients who must die in the hospital is to establish palliative care units. These are specialized areas that provide hospice-like services within the hospital. The emphasis in a palliative care unit is to treat the patient's symptoms first, in order to maximize the quality of the patient's remaining time, rather than trying to cure an incurable, terminal illness. Like hospices, palliative care units make frequent use of social workers and chaplains as part of a care team in



order to help patients and their families prepare for death.

Palliative care units may have specialized protocols for pain management that allow for rapid titration of pain medications. (These protocols may be inappropriate for other areas of the hospital where the goal is to get patients moving and out of bed.)

Other symptoms in dying patients such as agitation, shortness of breath, itching, and constipation can usually be controlled in palliative care units through the appropriate use of medications.

Creating a New Culture

Hospitals set the tone for the treatment of the dying in our society. Medical and nursing students are generally not exposed to palliative care because most is delivered by hospice programs in patients' homes. Instead, hospitals by default, serve the role of exposing students to dying patients.

As centers of health education they play a tremendous role in molding the attitudes of future health care professionals toward death. Inpatient palliative care units demonstrating appropriate care of the dying can have a ripple effect within the hospital culture by educating the next generation of doctors and nurses.

Just as health care students receive their education on death in hospitals, members of the public are often first introduced to hospitals by a death! For many young people, the first hospital trip remembered is when a grandparent dies. If this is an unpleasant, searing experience, it may forever ingrain in them a sense of dislike for hospitals.

Improving Public Outlook

Hospitals can do themselves a public relations favor by making this family experience as meaningful as possible. Exposure to a nurse,

professional at this critical time may be a lifechanging event for some, and for others, is at

social worker, chaplain, or other health care least likely to engender a sense of gratitude and respect for the hospital and its staff.



"The personal stories of other patients in the CD-ROM have a role that's stronger than simple information transmission."

Karen S. Ogle, MD **CD-ROM Content Director**

MSMS OFFERS FREE **CD-ROM TO COMFORT CANCER PATIENTS**

Because November is Hospice Month, MSMS reminds physicians to take advantage of the free CD-ROM "Easing Cancer Pain," which offers a psychological and therapeutic outlet for cancer patients and their families.

Karen S. Ogle, MD, director, Program for Palliative Care & Education Research, Michigan State University (MSU), and Darcy Drew Greene, hypermedia project director, MSU Communication Technology Laboratory, jointly have devised the project. The CD creates the virtual atmosphere of a fireside retreat to allow patients to focus on the assessment of cancer pain, barriers and myths typically encountered, and treatment. The project was funded by MSU through its Office of the Vice Provost for Libraries, Computing, & Technology, Cancer Center, and Department of Family Practice.

To order your free copy of "Easing Cancer Pain," send your request to:

MSMS Communications Department Attn: Julianne Corbin 120 W. Saginaw East Lansing, MI 48823 msms@msms.org

For more information about the CD-ROM, visit www.msms.org/education/ EasingCancerPainCDROM.html.

Ideas for Reimbursement

Reimbursement issues can be a problem for inpatient palliative care units but are not insurmountable. One strategy may be for hospitals to lease beds to licensed hospices for palliative care use. The hospice can then bill Medicare at the special inpatient hospice rate. Patients transferred within a hospital to such a palliative care unit are actually discharged from the hospital and admitted to the hospice. A death occurring in the unit is then actually a hospice death, and does not count against the hospital's mortality statistics.

Any hospital that prides itself on having an intensive care unit should consider operating a companion inpatient palliative care unit as well! According to the Michigan Health and Hospital Association, the number of hospitals with palliative care units in Michigan is growing but remains a minority.

Hospitals Equipped for Change

Today's hospitals have ethics committees in place that contain the core elements of a palliative care team: social workers, chaplains, nurses, pharmacists, and physicians. Hospitals that do not have palliative care units should use their existing ethics committee as a resource to explore ways in which they can improve the experience of dying patients and their families.

Palliative care units in hospitals improve endof-live care by offering better symptom control to dying patients. They help set the standard for the treatment of the dying in hospitals. They can help teach palliative care to the next generation of nurses and doctors. They offer the families of dying patients a more fulfilling experience and creative mechanisms to insure their reimbursement currently exist.

The hospital is the next frontier for improving end-of-life care in Michigan.

The author is a Kalamazoo Anesthesiologist, and is chair of the MSMS Committee of Hospice Medical Directors.



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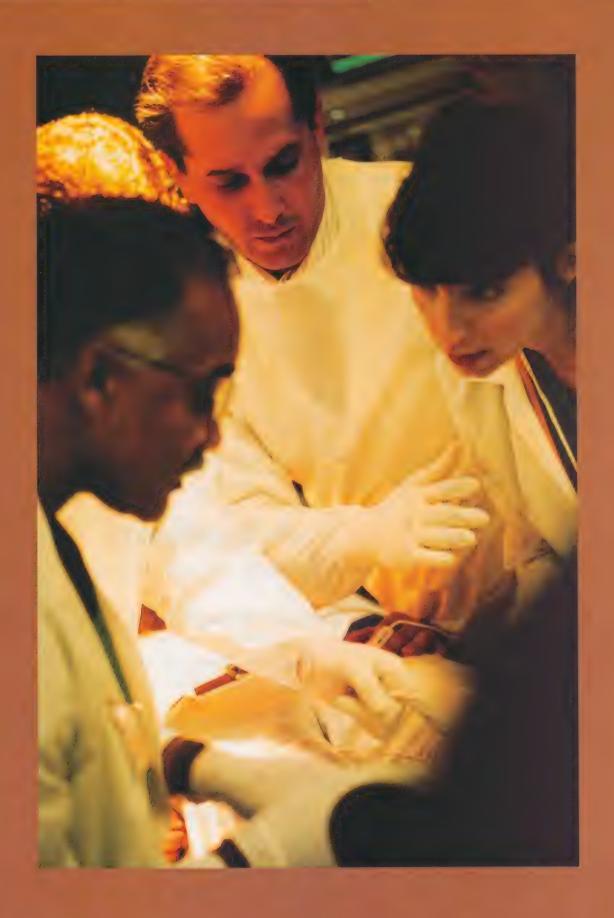
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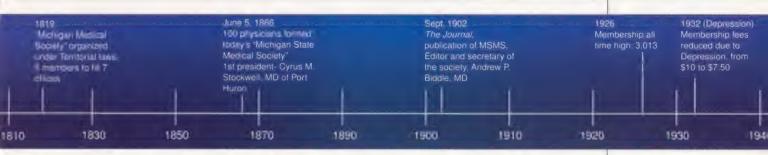
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Leading Physicians into the New **Millennium**

MSMS Introduces New Services

to Meet Members Changing Needs

By Jennifer Higgins

he challenges in the practice of medicine change every day. Physicians are looking for ways to meet those challenges with effective, cost-efficient, and high quality resources that improve their practices, yet protect their relationships with their patients. MSMS has responded to physicians' needs with an array of cutting edge



MSMS leads the discussion at every level when it comes to health care legislation, reimbursement issues, quality of care, practice management, CME, and patients rights.

tools and services.

"In addition to the main advocacy and legislative work conducted by MSMS, we pride ourselves on being responsive to our members' needs," commented Executive Director William E. Madigan. "We have powerful survey networks and feedback mechanisms that tell us what our members want. We believe that by meeting and fulfilling member physician needs, membership in our organization becomes all the more valuable."

Subsidiary Services Meet Member Needs

In addition to the many endorsed products and services currently being offered to member physicians, MSMS is forming new innovative partnerships and alliances to further enhance membership as the millennium nears.

Physician Directory Goes Online

MSMS has formed a partnership with HealthDirectory.com to introduce its first online pictorial directory of member physicians. The directory, which will be online during the first quarter of 2000, will provide expanded information in a Web-based format that may be accessed through the MSMS Web site, www.msms.org. Listings will be available for all members free of charge and will include such information as medical school, residency training, board certifications, mailing address, e-mail address, phone and fax numbers, and a photograph. According to Michael Bloemers, manager of subsidiary services, "One of the biggest benefits to the online directory will be its accuracy as it will be updated continuously. In fact, each physician will have access to the directory to review and update their listing as needed."

In addition, physicians looking for design, implementation or updating of their own personal Web sites have access to these services through the partnership with HealthDirectory.com. There is a fee for this service based on the extent of work requested.

Video Conferencing Offers Convenience

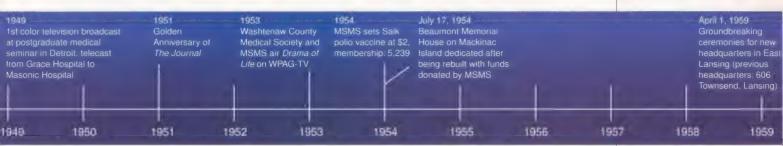
Your next meeting may be just a phone call away. MSMS will introduce video conferencing services for member physicians in early Y2K. With this new technology, physicians can participate in meetings, conferences, discussions or presentations right from their office. "It's often difficult for physicians to make meetings due to hectic schedules or distance," said Bloemers. "With this technology, we hope to make participation possible for those physicians who are not able to attend a meeting in person." This fee-based service also may be contracted by MSMS members for outside use.

Physician's Cooperative Purchasing Alliance Approved

The MSMS Board of Directors has approved the establishment of a cooperative purchasing alliance for physicians. The service is in the early development stages and will address the needs of sole- and small-group practice physicians. The co-op will be physicianowned, but administered through MSMS. The goal is to aggregate demand for such things as medical and office supplies, equipment, paging and answering services, etc. Using the leverage of group purchasing, it is anticipated that participating physicians will realize better prices, achieve higher quality and obtain top-notch service. It also is expected that the co-op will be especially useful for physicians in rural and remote areas.

•MSMS Merchant Credit Card Program Saves Money

The MSMS Merchant Credit Card Program was introduced in July and has been very well received. Partnering with the Michigan Retail-



ers Association, MSMS is able to provide physicians with the lowest cost and best service for the processing of patient credit cards. To date, more than 200 physicians have inquired about the service, half of whom are now participating. "The transition to using the Merchant Credit Card Program was virtually seamless with no disruption in service," commented Kenneth H. Musson, MD, chair, MSMS Board. "We will save more than \$2,000 per year as a result of this program." Other users have noted that the automatic closeout system is especially helpful.

•Real Estate Commission Rebate Program Adopted

MSMS has entered into a strategic alliance with Prudential Real Estate to provide a nationwide residential and commercial real estate commission rebate program to members of MSMS, its affiliates (specialty and county medical societies), their immediate families and employees. By working with one of 39,000 local Prudential Associates, participating

physicians will realize savings on commission from the purchase or sale of their property in the form of a rebate. These savings will vary, but a typical \$200,000 transaction will save the participating member \$1,200. Targeted for late 1999, the program also will provide discounted relocation, moving, and financing services.

For more information about the Physician Directory or Video Conferencing, contact Randy Gavorin, coordinator of internet systems, at (517) 336-7594 or rgavorin@msms.org. For information about the other services noted, contact Bloemers at (517) 336-7595 or mbloemers@msms.org.

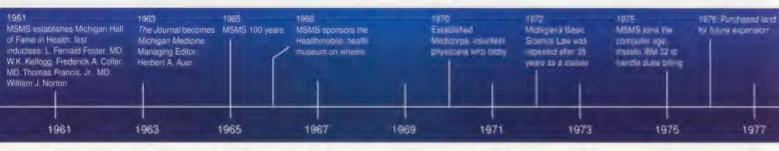
HealthCare Staffing Resources Offers Solutions

Introduced in June of 1999, HealthCare Staffing Resources provides physicians with reliable, qualified staff on a temporary or permanent basis. Members can leave the tasks associated with recruitment and hiring to HealthCare Staffing Resources, yet be assured

"I was pleased with the services [HealthCare Staffing Solutions] and the reports we received from patients. The staff was courteous to my patients and receptive to their needs."

-Larry Fitzsimmons, MD





"The Physician Advocacy Program is a new, high-priority initiative to benefit both the individual physician, their staff, and MSMS third-party efforts collectively in dealing with payers," -Donald B. Muenk, MD

that stringent criteria are being met to obtain highly qualified employees.

HealthCare Staffing Resources, which is a subsidiary of MSMS, specializes in health care staffing for such positions as medical assistants, receptionists, billers, transcriptionists, registered nurses, nurse practitioners, locum tenens, and physician assistants, to name a few. Currently, HealthCare Staffing Resources serves medical practices in Ingham, Eaton, and Clinton counties and the Greater Jackson area. In the very near future, the service will expand to include Wayne, Oakland, and Macomb Counties. "It's our goal to serve as many members as possible," added Penny Englerth, manager of Health Care Staffing Resources.

"HealthCare Staffing Resources managed my office quite well in my office manager's absence," said Larry Fitzsimmons, MD, Lansing. "I was pleased with the services and the reports we received from patients. The staff was courteous to my patients and receptive to their needs."

According to Englerth, "It is our goal to become partners with physicians and alleviate their staffing worries. Physicians study to practice medicine, not to deal with hiring headaches."

To date, HealthCare Staffing Resources has filled 21 positions for member-physician practices. Most of the positions filled have been 90day trial hires, an option within the service for physicians to hire prospective employees on a trial basis. "With the trial-hire option, it is possible for the practice to be sure the potential employee is a good match before making a commitment," said Englerth. Not only can HealthCare Staffing Resources be of use when hiring permanent full-time or part-time staff, but they also can be of assistance when needing to fill a position on a temporary basis.

For more information, contact Penny Englerth at (517)336-5740 or penglerth@msms.org.

Physician Advocacy Program Helps Physicians Deal with Billing, Coding, and Reimbursement Issues

Because billing, coding, and reimbursement issues can be very cumbersome and frustrating for physicians, MSMS introduced a program at the November Annual Scientific Meeting that will enhance and expand services related to the aforementioned areas. The program will consist of four major components: A hassle-factor log with a program specific data base, miniconsultations, dispute resolution meetings, and

the addition of a coding coordinator to research and respond to inquiries that relate specifically to coding.

"The Physician Advocacy Program is a new, high-priority initiative to benefit both the individual physician, their staff, and MSMS third-party efforts collectively in dealing with payers," stated Donald B. Muenk, MD, Warren, chair of the liaison committee with third-party payers. "With the input from individual physicians, MSMS will have an effective data base to be able to deal with payment and coding problems. This is a major step forward. We need to hear from the membership on payment and coding prob-





- Hassle-Factor Log: The hassle-factor log will be used to gather information about a reimbursement "hassle." The information will be entered into the data base, which will allow for tracking of pending and resolved issues. The data base, which was purchased from the Texas Medical Association, has the capacity to report hassles by payer, county, region, hassle type, date, and physician name. When the issue is resolved, the resolution will be entered into the data base.
- Mini-Consultations: Mini-consultations will provide opportunities for members and/or their office staff to work together with billing and coding staff from MSMS, and consultants and staff from third-party payers to address specific reimbursement issues. These free consultations will be held at the county medical societies on predetermined dates and will be 30 minutes in length. Scheduling will be handled through the county medical society offices.
- Dispute Resolution Meetings: Dispute Resolution Meetings will be held with third-party payers that have a high volume of problematic claims for MSMS members and to address claims not resolved in the mini-consultations. Facilitated by key members of the MSMS Liaison Committee with Third-Party Payers, the meetings will provide an opportunity for physician-to-physician mediation of problematic claims issues with full support by appropriate MSMS staff. An important component for the member physician who has a problem to be resolved is the representation in the meetings by physicians who share their specialty. The resolution of claims issues that occur in the interim will be addressed on a continuous basis by MSMS payment advocacy staff.
- Coding Coordinator: The addition of Jody Hayes as coding coordinator to research and respond to general coding inquiries will further enhance the program. Haves earned her degree in Health Information Management from Ferris State University and possesses the CPC (Certi-

fied Procedural Coder) designation granted by the American Academy of Procedural Coders and the RHIT (Registered Health Information Technician) designation granted by the American Health Information Management Association. MSMS membership entitles you to three basic telephone/fax coding inquiries. Additional coding packages are available for a fee. Hayes can be reached at (517) 336-5709 or ihayes@msm.org.

"It pays to be a member of the Michigan State Medical Society for this service alone," said Alan Mindlin, MD, Pontiac, chair of subcommittee on workers compensation. "The whole department gets the job done in a timely and effective manner. They are advocates for physicians in the ever-changing health care arena. It's just a fabulous resource."

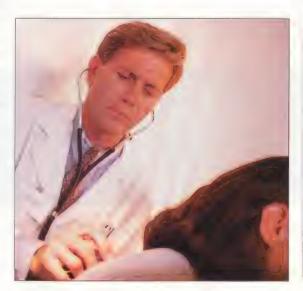
In addition to the services outlined above. personalized services such as billing and coding education/training, chart audits, and other related services tailored to the needs of individual physician offices will be available. There is a fee for such services.

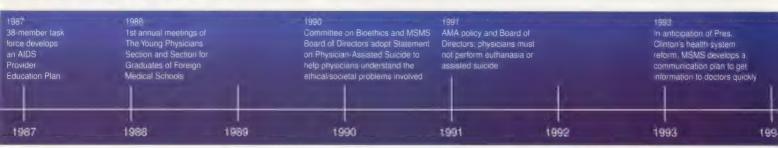
For more information, contact Kim Crawford at (517) 336-5722 or kcrawford@msms.org.

are advocates for physicians in the ever-changing health care arena. It's just a fabulous resource." -Alan Mindlin, MD,

"They [MSMS]

chair of subcommittee on workers compensation.







Reaching Out to Group Managers

The membership marketing staff is reaching out to group managers in an effort to provide top-notch service to both physicians and their staff. Visits to group managers are paid on a regular basis to familiarize them with all MSMS resources available through their physician

employer's membership. A group manager email list serve recently was created to pas along pertinent information to managers throughout the state on emerging issues that may affect their practice. Additionally, and to help resolve issues they may be facing, a newsletter will be launched by the end of the fourth quarter that is directed specifically to office staff to address issues that are specific to this audience. In addition, the Group Practice Rounds program is a MSMS service that provides free presentations on topics of general interest to office staff. For more information, contact Kimberly Gools, membership marketing coordinator, at (517) 336-5763 or kgools@msms.org.

As is evidenced from the many new services being introduced, MSMS takes good care of its members. Responding to member physician needs and providing timely, solid and accurate information is a top priority at MSMS. Perhaps that explains this Society's growing membership despite a national decline in medical society memberships.

The author is a Grand Rapids-based freelance writer.





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MSMS—An Advocate for Physicians and Patients

1999 Legislative Successes and Beyond

By Gregory T. Aronin

"As physicians, it is imperative that we remain politically active - for our patients and

Krishna K. Sawhney, MD

our profession," —MSMS President

s the debate over health care policy continues into the next millennium, physi-Lcians can rest assured that the Michigan State Medical Society (MSMS) will continue to push for and support legislation that protects the rights of patients Michigan.

Over the past year, MSMS has taken up many important issues affecting health care. From primary enforcement of safety belt legislation to Medicaid reform, MSMS members have refused to be ignored. Physicians have written thousands of letters to lawmakers either voicing their support or opposition of different legislation. "As physicians, it is imperative that we remain politically active - for our patients and our profession," said MSMS President Krishna K. Sawhney, MD. "Our diligent participation in grassroots efforts greatly shapes health care policy in this state.

1999 Highlights

Opposition To Scope of Practice Expansion

MSMS continued to oppose scope of practice expansion, ensuring that the health and safety of Michigan citizens comes before financial interest. For example, The Michigan Board of Medicine voted in September against allowing advanced practice nurses and physician assistants to prescribe controlled substances. This vote greatly helped to preserve physicians' scope of practice and the safety of Michigan's citizens. This landmark decision came after two previous votes, and it reflected the hard work of physicians who felt this rule would have endangered Michigan patients.

Expert Witness Qualification Statute

In September, The Michigan Supreme Court upheld the constitutionality of the 1993 Expert Witness Qualification Statute, confirming the state legislature's right to make public policy in

Michigan. "That was a great victory for medicine," Doctor Sawhney said. "We had been saying all along that certain qualifications were needed for expert witnesses," he said. Prior to malpractice reform legislation, the qualification of the term "expert," was up to the trial judges. Legis-

lation in 1986 and 1993 restricted the Supreme Court's discretion in authorizing expert testimony. "The position argued by MSMS in its amicus curiae brief on behalf of its 14,700 members most assuredly impacted the court," said MSMS Legal Counsel Richard D. Weber, ID.

Concealed Weapons Legislation

MSMS efforts helped to all but kill HB 4537. 4538, and 4545. MSMS members testified in front of the House Conservation and Outdoor Recreation Committee about the dangers of the legislation. "This bill would increase the number of guns available for children to kill or injure themselves or others," said Wayne County Medical Society Violence Reduction Chair Sophie J. Womack, MD. "The medical community is tired of senseless murders and injuries to children," she said.

Goals set for 2000

Optometrists' Scope of Practice

House Bill 4772 and Senate Bill 652 would expand an optometrist's scope of practice to include the diagnosis and treatment of certain conditions of the eye. The bills also would allow optometrists to treat eye abnormalities using vision therapy, binocular vision therapy, and low-vision therapy techniques. MSMS will work vigorously to oppose these bills, but needs all physicians to participate. "We need all physicians to contact their lawmakers and explain to them the danger of this legislation," Doctor Sawhney said.



Taylor, and MSMS Alliance President Susan Van Tuinen, Grand Rapids, cel-

Timely Payment Legislation

MSMS currently is working with Senator Bill Schuette (R-Midland) on a bill package (Senate Bills 693-699) that would require health plans to reim-

burse physicians in a timely fashion. The bill specifies that all clean claims filed electronically must be paid within 45 days or health plans will pay severe penalties. Penalty for late payment

ebrate Michigan physicians' efforts at a MDPAC fundraiser. ance that exists in negotiations between physicians and related issues including referrals, timeliness of payment standards, appropriate

> grievance processes, procedures to enhance preventative health care services and early detection of childhood diseases, and procedures to ensure the delivery of quality health care. The bills, however, do not allow for physicians to negotiate on fee and reimbursement issues except in rare instances where it can be proved that one health plan dominates the marketplace. "This legislation is about access to care and freedom from harassment by an unnecessary bureaucracy," said MSMS President-Elect Billy Ben Baumann, MD.



(left to right) John R. Addy, MD, Lansing, Senator Dianne Byrum, and Congresswoman Debbie Stabenow fight for Patients' rights legislation in Lansing.

is 1.5 percent interest per month or 18 percent annually with a \$5,000 fine for each delinquent claim incident.

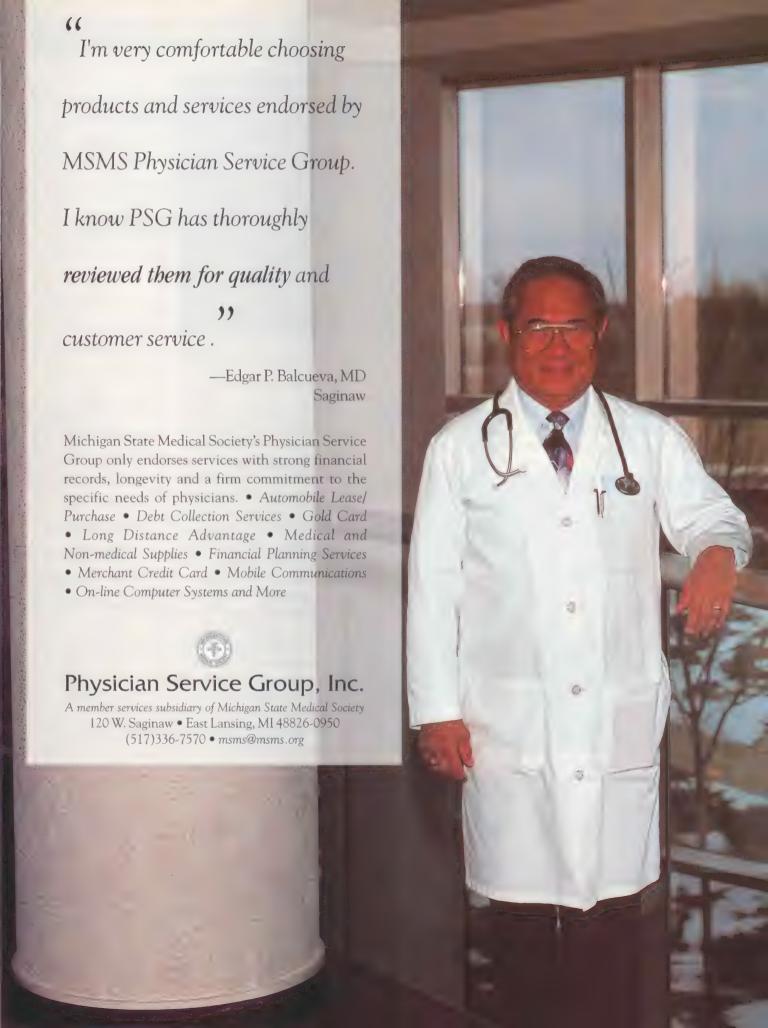
Physician Negotiation Act

In 2000, MSMS will work for important antitrust reforms to ensure patient right advocacy in a competitive health care environment. Modeled after legislation recently passed in Texas, MSMS hopes to soon introduce its own version, Senate bill 1468, to correct the imbal-

For additional information regarding MSMS legislative activity, please contact Gregory T. Aronin at 517-336-5788 or garonin@msms.org; or Robert C. Wright at 517-336-5788 or rwright@msms.org. For additional information regarding the Michigan Doctors' Political Action Committee, please contact Matthew C. Hedberg at 517-336-5719 or mhedberg@msms.org

The author is director of Government Relations at

MSMS.



1999 MSMS Community Service Awardees



Arenac/losco **County Medical** Society

John D. Franks, MD, of Tawas, is being recognized for his involvement the Boy Scouts of America. Doctor Franks has been a scoutmaster and an active participant

on the Cub Scout Leader committee. He also has been on the administrative board of the Tawas United Methodist Church and on the Pastor Parish committee. He also is an assistant Little League and hockey coach.

Calhoun County Medical Society

James C. Maher, MD, of Marshall, earned the award for his involvement in establishing the Marshall Fountain Clinic. The clinic sees more than 1,500 patients each year, those without health insurance or who are unemployed. Doctor Maher served as president of the Calhoun County Medical Society in 1994 and currently serves as secretary on the Medical Executive Committee at Oaklawn Hospital in Marshall.



Genesee County Medical Society

S. Harry Nassar, MD, of Flint, is recognized for his volunteer work overseas. Since retiring in 1992, Doctor Nassar has been on nine trips to Honduras on medical missions. He also has served as a

member of the board of directors and executive committee of the Genesee County Free Medical Clinic. As an active volunteer at the clinic, he performs quality assurance duties and provides primary care services.

Ingham County Medical Society

Jerold P. Veldman, MD, of Lansing, is recognized for his work with children. In 1996, he received the Whitehill-Robbins Miracle Maker award given by the Children's Miracle Network. He also received the Distinguished Community Volunteer Faculty Award from Michigan State University's College of Human Medicine.



Kalamazoo **Academy Of** Medicine

Richard Hodgman, MD, of Kalamazoo, received the award for his volunteer work at the First Presbyterian Church Health Clinic in Kalamazoo. The

clinic, which opened in 1993, provides free minor health care services to the uninsured. The clinic has provided care on more than 10,500 occasions since it's opening. Doctor Hodgman began volunteering in 1996 and has been secretary and currently is chairman of the board of directors.



Kent County Medical Society

Keith E. Weller, MD, of Grand Rapids, is recognized for a number of reasons. He has volunteered more than 1.000 hours of medical services at St. Mary's Heartside Clinic, an inner-city clinic for the home-

less. He continues to volunteer at the clinic one day each week. Doctor Weller also volunteers his time at the Frederik Meijer Gardens providing information about the Gardens to visitors. He also has been offering his time at the Ridgemoor Child Development Center where he is known as "Grandpa Keith."



Macomb County Medical Society

Sang C. Lee, MD, of Warren. received the award for medical mission work in East Africa. Doctor Lee has

traveled to the Masai land along with a team of other physicians, nurses, students and businessmen, taking with them needed medical supplies. The team made its way into deep regions of the area to provide care and education on several occasions and plan to continue helping the Masai people in the future.

Marquette County Medical Society

John L. Lehtinen, MD, of Marquette, received the award for a variety of services. Doctor Lehtinen has been the chief medical officer for the local U.S. Olympic Education Center training site. He was team physician for the Olympic games in the U.S. and Barcelona and was given the distinction of being chosen as the head physician for the U.S. Olympic Committee's 1996 summer games in Atlanta. Doctor Lehtinen also has been involved with medical support for the Northern Michigan University athletic programs and the Marquette Junior Hockey Corporation programs.

Midland County Medical Society

Douglas R. Jackson, MD of Midland, received the award for his mission work in Surabaya, Indonesia in 1998. Doctor Jackson



participated in a program sponsored by Health Volunteers Overseas. He spent his time at the Doctor Soetomo Hospital, which has 1500 beds and is run by the Indonesian government. Doctor Jackson functioned as an observer and advisor in the operating room and found the outpatient clinics, teaching conferences and ward rounds to be where he could help the most.

Muskegon County Medical Society

Robert E. Garrison, Jr., MD, of Muskegon, is recognized for his involvement in many volunteer organizations. He has been a board member of the Muskegon Heights Board of Education, the Greater Muskegon Urban League, Muskegon Area Chamber of Commerce, and the United Way of Muskegon County. He currently is on the board of directors of the Muskegon County Community Foundation and is the chair of it's L.E.A.D. (Let Education Answer Dreams) committee. He also is co-chair of the Muskegon Community Health Project Steering Committee.

Ottawa County Medical Society

Jerome H. Wassink, MD, of Holland, is recognized for his work with Hospice of Holland. Doctor Wassink has been medical director, a volunteer position, since 1981. He continues to offer his services since his retirement. He also has been involved in introduc-



ing three-track skiing to people with disabilities and has been very involved in his church as an elder.



St. Clair County Medical Society

Forrest B. Fernandez, MD, of Port Huron, is recognized for his work with the Mission Hospital in Togo, West Africa. The hospital is run by the Association of Baptists for World Evangelism. Doctor Fernandez works with the World Medical Mission. He volunteers his time doing procedures such as hernia repairs and csections. He has been a member of the St. Clair County Medical Society since 1996.

St. Joseph County Medical Society

Donald R. Schimnoski, MD, of Three Rivers, earned the award for his work with the



Three Rivers Junior High and High School students. He has performed athletic physicals for students over much of his career. He has devoted more than 50 vears of his life to the care and well-being of his community.

Washtenaw County Medical Society

Deloisteen Person-Brown, MD, of Ypsilanti, earned the award for her work with the indigent and working poor, mentally ill and elderly. In 1986, Doctor Person-Brown founded the Neighborhood Health Clinic in Ypsilanti. The clinic not only provides basic medical services, but also has social workers and a financial advisor. Nurses hold regular information sessions for people with high blood pressure, diabetes and other chronic conditions. The clinic also houses a food and clothing bank for those in need. Doctor Person-Brown also has received a Distinguished Service Award by the Black Business and Professional Women's Club and in 1998 received the "Loving Cup" award from Parents Together, a substance abuse prevention agency.

Claire Bennett - Marquette/Alger **County Medical Society Alliance**

In the mid-1940s, Claire Bennett helped reorganize the Marquette/Alger County Medical Society Alliance to make it one of the most active in their history. She also has been very active as a hospital auxilian for over 50 years.

Among other projects, Mrs. Bennett helped initiate the Good Samaritan fund, which is a general memorial donation fund to benefit the hospital. She and her husband were very active in the 70s and 80s in recruiting new physicians

to the area which led to Marquette General Hospital becoming a regional medical center. She also is one of the founding members of the Lake Superior Arts Association which initiated the crown jewel of the area's summer events, "Art on the Rocks."

Cynthia Burdakin - Oakland County **Medical Society Alliance**

Cynthia Burdakin has been very active volunteering her time to church, area schools, the medical society alliance and the American Association of University Women (AAUW) activities. Among one of her most notable accomplishments is her involvement in the Explorathon project. This is a conference jointly sponsored by the Birmingham AAUW, the Cranbrook Institute of Science and the Association of Women in Science. Annually, over 1000 girls from grades 8 to 12 participate in hearing descriptions of detail of career opportunities. Conference leaders are prominent women in all walks of professional life. Mrs. Burdakin has been involved as a speaker coordinator for this project for the past six years.

Do you know of a physician who is making a difference in their community?

If so, please contact Judy Marr, MSMS Foundation executive director, at (517) 336-5744 or imarr@msms.org.

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MSMS Meetings DECEMBER

- 2, MSMS CME Accreditation Committee Meeting, Location: MSMS Headquarters, East Lansing, MI. Contact: Sarah Cressman at (517)336-5727 Or scressman@msms.org.
- 7, MSMS/MICOA Risk Management Seminar: Obstetrics: Obstetrical Emergencies and Shoulder Dystocia. Location: Detroit Medical Center, Detroit, MI. Contact: Shawn Polak; (313) 745-7859.
- 8. MSMS Center for Physician Education and Leadership Practice Management Seminar- "Audit Proof Your Practice." Location: Waterfront Inn, Traverse City, MI. Contact: Jennifer Mogyoros at (517) 336-7581 or mjensen@msms.org.
- 9, MSMS Center for Physician **Education and Leadership Practice** Management Seminar-"Contracting for the Employed Physician." Location: Days Inn, Grand Rapids, MI. Contact: Jennifer Mogyoros at (517)336-7581 mjensen@msms.org.
- 9, MSMS Task Force to Plan "Soaring into the Millennium" Meeting. Location: MSMS Headquarters, East Lansing, MI. Contact: Sarah Cressman; (517) 336-5727 or scressman@msms.org.
- 15, MSMS CME Programming Committee Meeting. Location: MSMS Headquarters, East Lansing, MI. Contact: Sarah Cressman

- (517)336-5727 at OT scressman@msms.org.
- 15, MSMS Committee on Aging. Location: MSMS Headquarters, East Lansing, MI. Contact: Tom Plasman at (517) 324-6958 or tplasman@micoa.com.
- 15, Center for Physician Education and Leadership Practice Management Seminar-"ICD-10: Will Your Practice be Ready for the Change?" Location: Four Points Sheraton, Saginaw, MI. Contact: Jennifer Mogyoros at (517) 336-7581 or miensen@msms.org.
- 15, MSMS Center for Physician **Education and Leadership Practice** Management Seminar- How to Effectively Handle Workers' Compensation Claims. Location: Four Points Sheraton, Saginaw, MI. Contact: Jennifer Mogyoros; (517) 336-7581 or mjensen2@msms.org.

JANUARY 2000

13, MSMS Center For Physician Education and Leadership Practice Management Seminar- "ICD-10: Will Your Practice be Ready for the Change?" Location: Dearborn, MI. Contact: Jennifer Mogyoros at (517) 336-7581 or mjensen@msms.org.

MARCH

- 3-4, MSMS Joint Section Meeting. Location: Ritz-Carlton, Dearborn. MI. Contact: Judy Marr; (517) 336-5744 or jmarr@msms.org.
- 13, MSMS/MICOA Making the Rounds Program. Location: Mercy

Health System, Cadillac, MI. Contact: Tom Plasman; (517) 324-6958 or tplasman@micoa.com.

25-28, AMA National Leadership Development Conference. Location: Miami, FL. Contact: Iulie Lester; (517) 336-5768 or ilester@msms.org. Visit their website at: http://www.ama-assn.org.

APRIL

28-30, MSMS House of Delegates. Location: Amway Grand Plaza, Grand Rapids, MI. Contact: Donna Brown/Jennifer Bates; (517) 336-5735 or jbates@msms.org.

SPECIALTY SOCIETIES DECEMBER

3, Michigan Society of Respiratory Care Board Meeting. Location: MSMS Headquarter, East Lansing, MI. Contact: Liz Foster at (517) 336-7587 or efoster@msms.org.

AMA MEETINGS **DECEMBER**

- 1-4, AMA Board of Trustees Meeting: San Diego, CA. Contact: AMA at (312) 464-5000 or visit their website: http://www.ama-assn.org.
- 5-8, AMA Interim Meeting. Location: San Diego, CA. Contact: Julie Lester at (517) 336-5768 or ilester@msms.org.

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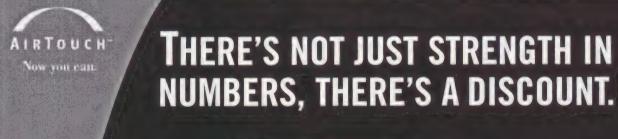
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NEWSMAKERS

Charles E. Jessup, DO, FACEP, of Saginaw, was awarded the first Emergency Physician of the Year Award by the Michigan College of Emergency Physicians. This distinguished award was designed to recognize clinicians of unusual merit, to espouse and encourage members to pursue the ideals of emergency medicine.



James M. Fox, MD, FACEP, of Detroit, was awarded the Ronald L. Krome Meritorious Service Award by the Michigan College of Emergency Physicians. This distinguished award was created in 1983, and is presented to a member who has demonstrated a commitment to the furthering of emergency medicine in the state of Michigan.

Daniel E. Williams, MD, of Owosso, recently received a threeyear appointment as Cancer Liaison Physician for the Hospital Cancer Program at Memorial Healthcare Center. Doctor Williams provides leadership to the cancer committee at his appointed institution in order to maintain their Commission-approved cancer program. He also volunteers for the American Cancer Society. The Cancer Liaison Program is an integral part of the Commission on Cancer of the American College of Surgeons.



Lewis A. Jones, MD, of Southfield, recently was chosen to be in the Millennium Edition of Who's Who in the World. This accolade was bestowed upon him in recognition of his numerous accomplishments. Doctor Jones also is a coinvestigator for the Women's Health Initiative and currently is a physician consultant for the Michigan Department of Community Health in Lansing.

NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

Araba N. Afenyi-Annan, MD, Ann Arbor Ahmad N. Al-Sadat, MD,

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Androy Apinis, MD, Oak Park Mona N. Arabi, III, MD, Dearborn

Frank G. Artinian, II, Dewitt Mrunalini Baalu, Sterling Heights

Darren S. Beasley, Warren Sheron L. Beltran, Troy

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Ginette V. Busschots, MD, Belleville

Daniel V. T. Catenacci, Windsor Kalpana Chirumamilla, MD, Inkster

Barbara L. Ciesliga, MD, Flint James E. Cooper, Ferndale Danielle F. Daniel, MD, Detroit James D. Decker, MD. Marquette Carmen Demarco, MD, Windsor Nathan E. Derhammer, Southfield Kristi R. Dishaw, Lansing Christopher R. Dobbelstein, Haslett

Brett S. Dock, MD, Farmington Hills

Julie A. Dominick, Detroit Phillip W. Dooley, Jr., Detroit Rajesh Doshi, MD, Sterling Heights Allen D. Dumont, MD, Ann Arbor Mahir D. Elder, MD, Dearborn Marvin H. Eng, Detroit

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Shazia Essani, MD, Southfield

Yues Le Blanc, MD, Detroit Ian Y. Lee, Rochester Gregorio M. Leonardo, MD, Detroit Lisa M. Long, MD, Marquette Joseph B. Luna, MD, Flint Erika Luster, MD, Southfield Danny Z. Ma, Sterling Heights Erica L. Magers, Mason Shyam Mahesh, MD, Troy Michael D. Mahonev, Detroit Farah K. Malick, Southfield Joshua Mamelak, MD, Royal Oak Gagandeep S. Mangat, MD, Farmington Hills Aneula Matei, MD, Trov Edward J. Mauch, Detroit Sandra K. McCowen, MD, Marauette Kambiz Merati, MD, Detroit Nader S. Meri, MD, Dearborn James T. Millican, Jr., Harper Woods Seema S. Mishra, Grosse Pointe Shores Ashraf E. Mohamed, MD, Dearborn Robert T. Morris, MD, Detroit Todd P. Murphy, Fort Gratiot Ferenc P. Nagy, Shelby Township Fernando J. Neuman, MD, Harper Woods Shamamah Niazi, MD, Southfield Michelle D. Ober, Farmington Hills Abbas Omais, MD, Warren Robert J. Oostveen, Okemos Lisa D. Ortiz, Plymouth Rodieh Ouatu-Lasear, MD, Birmingham Manas Panigraiti, MD, Detroit Alexander T. Parker, Detroit Samir H. Patel, Southfield Bradley J. Payne, Troy Sreelatha Penumalee, MD, Detroit

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Farmington Hills
Lan Zhou, MD, Livonia
Giancarlo F. Zuliani, Bloomfield
Hills
Jill L. Zyrek, Detroit

OBITUARIES

William T. Unkefer, MD, died on April 24, 1999. He was 76. Doctor Unkefer, an OB/GYN from Farmington, graduated from Wayne State University College of Medicine in 1947 and was a U. S. Navy Corpsman. He was a member of the Wayne County Medical Society, AMA, MDPAC, and MSMS.

Sima Teodorovic, MD, died in February 1999. He was 75. Doctor Teodorovic, an OB/GYN from Ann Arbor, graduated from Medical Faculty-Rijeka in Belgrade. He was a member of AMA, Washtenaw County Medical Society, and MSMS.

Eugene J. Nalepa, MD, died April 22, 1999. He was 77. Doctor Nalepa, an orthopedic surgeon from Birmingham, graduated from Northwestern University in 1947. Doctor Nalepa was the chair of the Polio Committee in Oakland County. He also was a member of American Academy of Orthopaedic Surgery, Detroit Academy of Orthopaedic Surgery, Oakland County Medical Society, AMA, and MSMS.

Samuel I. Lerman, MD, died August 6, 1999. He was 80. Doctor Lerman, of Southfield specialized in cardiovascular diseases, graduated from McGill Medical School, Quebec in 1942. He was a member of Wayne County Medical Society, AMA, and MSMS.

William A. Lange, MD, died July 30, 1999. He was 89. Doctor Lange, a plastic surgeon from Troy, graduated from the University of Minnesota Medical School in 1934. He was a Lieutenant Colonel in the U.S. Army during WWII. Doctor Lange was a member of the American Society of Plastic and Reconstruction Surgery, AMA, the Oakland County Medical Society, and MSMS.

Raymond V. Jungwirth, MD, died on August 21, 1999. He was 67. Doctor Jungwirth graduated from the St. Louis University School of Medicine in 1957. He went on to practice surgery in the Detroit area. Doctor Jungwirth was a member of the Wayne County Medical Society, the American College of Surgeons, and MSMS.

Charles R. Gumpper, MD, died on July 11, 1999. He was 70. Doctor Gumpper graduated from the Indiana University School of Medicine, and later practiced general medicine in Flint. He was a Captain in the U. S. Army Medical Corp. from 1954-57. Doctor Gumpper was a member of the Genesee County Medical Society, the American Academy of Family Practitioners, the AMA, and MSMS.

Jack Dorman, MD, died on March 12, 1999. He was 83. Doctor Dorman graduated from the Indiana University School of Medicine in 1938, and later established a psychiatry practice in the Detroit area. He served in the military during WWII from 1941-46. Doctor Dorman was a member of the American Psychoanalytic Association, the American Psychoanalytic Association, the Michigan Psychoanalytic Society and Institute, the Wayne County Medical Society, and MSMS.

John D. Butler, MD, died on August 10, 1999. He was 89. Doctor Butler graduated from Meharry Medical College in 1937 and later practiced dermatology in the Detroit area. He was an assistant clinical professor at the Wayne State University School of Medicine. Doctor Butler was a member of the American Academy of Dermatology and Syphilology, the Michigan Dermatological Society, Wayne County Medical Society, the AMA, and MSMS.

Joseph Aanthony Liioi, MD, died on June 10, 1999. He was 64. Doctor Liioi graduated from the Wayne State University School of Medicine in 1961 and later practiced ophthalmology in West Bloomfield. He was a member and president of the Wayne State Medical School Alumni Association. Doctor Liioi also was a member of the Michigan Ophthalmologic Society, the Detroit Ophthalmological Club, the AMA, Wayne County Medical Society, and MSMS.

DISCIPLINARY ACTIONS

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate actions and are reproduced verbatim from summaries prepared by the Michigan Department of Consumer and Industry Services, Office of Health Services.

Name: Thomas A. Lorance, MD, 1510 Sand Point Rd.,

Ste 1, Munising, MI 49862

Action, Date Taken: 9-17-1999, Probation—1 yr.

Reason: Probation Violation

Name: Ionathan D. Tunis, MD, 2715 Limestone Ln., NE, Grand Rapids, MI 49525

Action, Date Taken: 8-18-1999, License Suspended— 6 mo. & 1 day, Summary Suspension Dissolved Reason: Mental/Physical Inability to Practice

Name: Yong Hwa Park, MD, 7960 West Grand River,

Ste. #160, Brighton, MI 48114

Action, Date Taken: 8-23-1999, Limited License, Pro-

bation-5 vrs.

Reason: Negligence/Incompetence

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MSMS encourages physicians and their spouses to choose to become organ donors through the MSMS "Live & Then Give" campaign. Spearheaded by MSMS President Krishna K. Sawhney, MD, the effort is designed to educate Michigan physicians on how they can enroll as organ and tissue donors, and how to set an example for their patients and families. The list below represents the "Live & Then Give" Honor Roll of physicians and their spouses who have signed up to be organ donors. It will be updated periodically in Medigram, Michigan Medicine, and on the MSMS Web site. To enroll, visit www.msms.org/ liveandthengive.

"Live & Then Give" Honor Roll

Maria Abrahamsen Raineesh Agrawal, MD Hassan Amirikia, MD Lourdes V. Andaya, MD Elisabeth Ansbacher Rudi Ansbacher, MD Billy Ben Baumann, MD Ieriel A. Beard, MD Cathy O. Blight, MD

Donald C. Camp, MD Terry I. Dardas, MD Kenneth J. Edwards, MD Wendy Edwards Bridget D. Farr Paul O. Farr, MD William A. Fishbeck, MD Clyde R. Flory, Jr., MD Gregory J. Forzley, MD James P. Gallagher, MD James M. Grost, MD Edwin H. Gullekson, MD Frederick P. Hoenke, MD Eric I. Ittner, MD Douglas R. Jackson, MD Cecil R. Jonas, MD Joan Jonas Jeffrey M. Jones, MD Dorothy M. Kahkonen, MD James B. Kilway, MD Neoma Kilway Mark D. Kolins, MD Jean Lockard, MD John M. MacKeigan, MD Suzanne MacKeigan Carolyn G. Martin, MD John H. McLaughlin, MD Margaret McLaughlin Alan M. Mindlin, MD

Donald C. Muenk, MD AppaRao Mukkamala, MD Kenneth H. Musson, MD Patricia M. Musson Robert B. Neale, MD Peggyann Nowak-Berguer, MD Karin E. Olson, MD Jaak M. Pahn, MD Frank W. Parsons, MD Mitchell A. Rinek, MD Nancy Rinek M. Gary Robertson, MD Pennie L. Robertson Jeffrey D. Robinson, MD Michael A. Sandler, MD Krishna K. Sawhney, MD Pamela Sawhney Devendra K. Sharma, MD Rudy W. Stefancik, MD Sue Stefancik Edward E. Steinhardt, MD Joseph J. Weiss, MD Anne Wu, MD Charles C. Wu, MD

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EDUCATIONAL OPPORTUNITIES

Michigan Medicine carries a list each month of opportunities in Michigan for doctors to obtain Category I credits toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least four hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters at (517) 337-1351.

December

- 2-4, Coronary Heart Disease Update. Location: Hyatt Regency, Grand Cayman. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. Approved: 11 Category I credits.
- 7, Specialty-Specific Risk Management Seminars: Obstetrical Emergencies and Shoulder Dystocia. Location: Detroit Medical Center, Detroit, MI. Contact: Shawn Polak; (313) 745-7859.
- 7 & 14, Psychopathology in the Bible: A Case Illustration. Contact: The Bar-Levav Educational Association, 3000 Town Center. Suite 1275, Southfield, MI. 48075; (248) 353-5333.
- 8, Practice Management Seminars: Audit Your Practice. Location: Waterfront Inn, Traverse City, MI. Contact: Mary Jensen, education coordination; (517) 336-5706 or mjensen2@msms.org.
- 9, Practice Management Seminars: Contracting for the Employed Physician. Location: Days Inn. Grand Rapids, MI. Contact: Mary Jensen, education coordinator; (517) 336-5706 or mjensen2@msms.org.
- 9-11, Clinical Endocrinology for Primary Care Physicians. Location: Atlantis Paradise Resort, Nassau, Bahamas. Contact: Linda Main, Meetings Coordinator, Medi-

- cal Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. Approved: 11 Category I credits.
- 10-12, Dermatologist for the Non-Dermatologist. Location: Marriott Casa Marina, Key West, FL. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved:** 11 Category I credits.
- 10-12, Issues in Women's Health. Location: Tropicana, Las Vegas, NV. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. Approved: 11 Category I credits.
- 10-12, Managing Respiratory Diseases. Location: The Phoenician. Scottsdale, AZ. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. Approved: 11 Category I credits.
- 15, Practice Management Seminars: ICD-10: Will Your Practice be Ready for the Change? Location: Four Points Sheraton, Saginaw, MI. Contact: Mary Jensen, education coordinator; (517) 336-5706 or mjensen2@msms.org.

- 15, Practice Management Seminars: How to Effectively Handle Workers' Compensation Claims. Location: Four Points Sheraton. Saginaw, MI. Contact: Mary Jensen, education coordinator; (517) 336-5706 or mjensen2@msms.org.
- 17-19, Neurology for the Non-Neurologist. Location: Marriott Marquis, New York, NY. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. Approved: 11 Category I credits.
- 21 & 28, Process vs. Content in Psychotherapy: A Reexamination. Contact: The Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI. 48075; (248) 353-5333.

January 2000

- 13, Practice Management Seminars: ICD-10: Will Your Practice be Ready for the Change? Location: Dearborn, MI. Contact: Mary Jensen, education coordinator; 336-5706 (517)miensen2@msms.org.
- 13, Practice Management Seminars: How to Effectively Handle Workers' Compensation Claims. Location: Dearborn, MI. Contact: Mary Jensen, education coordinator: 336-5706 or mjensen2@msms.org.

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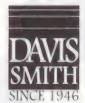
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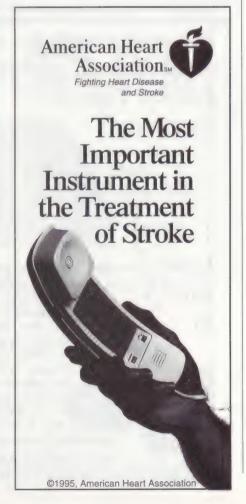
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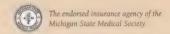
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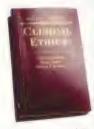
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*Author's Note: Leonard J. Marcus, PhD, of the Harvard School of Public Health, is a speaker for the MSMS Leadership Skills Series.

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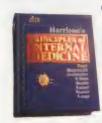
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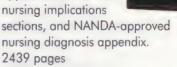
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Technology: In Search of the Big Picture

Krishna K. Sawhney, MD MSMS President

They cannot see the forest for the trees." - Christoph Martin Wieland (1733-1813), German boet



hat do practicing physicians need to do to come up to speed on computer knowledge for the new millennium and beyond?

Ask a simple question, and invariably you will not receive a simple answer. Physicians are bombarded from all sides with bits and pieces of advice and information, but there is surprisingly little "big picture" advice for practicing physicians on adopting new computer technology.

This discussion falls under the heading: medical informatics. Medical informatics is now a free-standing scientific field that has sprouted amply in the past decade. It is taught in most medical schools now and continues its magnificent growth. It deals with "resources, devices, and formalized methods for optimizing the storage, retrieval and management of biomedical information for problem solving and decision making."

For practicing physicians, computer education and advice has been largely sporadic and confusing. Yes, I'm learning about computers in medicine. I've learned quite a lot, but my head is still spinning. What I need are some guiding principles a framework - so I can store what I

I looked far and wide across the Internet under the key words medical informatics. I reviewed countless home pages and hyperlinked to more sites than I care to mention. And I found no clear, practical, usable advice for the practicing physician looking to stay abreast of computer

technology. I did, however, gather that nearly all medical schools have integrated medical informatics into their curricula. In fact, they require it. In addition, many schools have separate degrees in the discipline.

This indicates that all new physicians coming out of medical school will be conversant and comfortable with computers. But what about practicing physicians who are falling farther and farther behind? Have all the medical informatics specialists — faces pasted to computer screens - forgotten about the practicing physician? Shouldn't medical informatics programs reach out to us and bring us along, too?

Physicians are justifiably less than enthusiastic about computerization. The reasons: cost, time, and technophobia. But these barriers can be overcome with a consistent, compelling, and convincing message from the AMA to physicians to improve computer skills. The AMA and state medical societies then can provide the necessary programs and avenues for members to update their skills.

In my ongoing search for guiding principles for computer knowledge, I finally found an excellent starting point: the recommendations of the Medical Informatics Advisory Panel of the American Association of Medical Colleges (AAMC).

According to the recommendations, the successful medical school graduate should be able to:

1. Retrieve patient-specific information from a clinical information system and display subsets of information.

- 2. Interpret lab tests, demonstrating the ability to integrate clinical and lab findings.
- 3. Incorporate uncertainty in decision making by using, when possible, statistical sources available by computer.
- 4. Effectively use decision support information, ranging from textbooks to diagnostic expert sys-
- 5. Create a treatment plan, using the computer to assist in presenting uncertainties (differential diagnoses, outcomes, and treatment options).
- 6. Use a clinical information system to document patient-specific information and write orders for further patient care.
- 7. Comply with record confidentiality procedures and be able to use computer security features.

My point is simply this: Practicing physicians need more exposure to the forest of Medical Informatics. While physicians may not feel undue pressure to upgrade computer skills, that time will arrive very shortly. By starting now, you will spread the associated costs of technology over more years.

What can we at MSMS do to improve your computer knowledge? Contact me at MSMS by e-mail (Ksawhney@ msms.org) or phone and tell me your thoughts.

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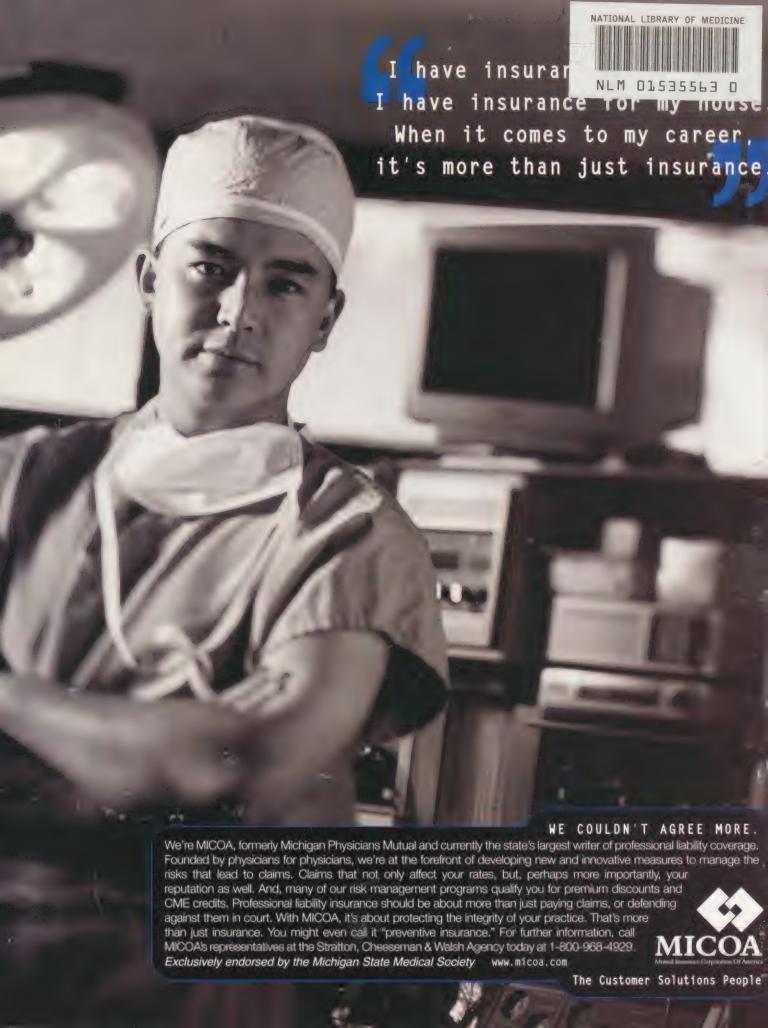


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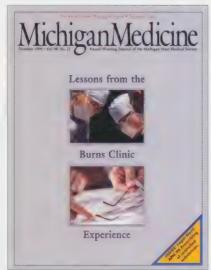
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Lessons from the Rise and Fall of Burns Clinic

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The demise of the Burns Clinic in Petoskey cannot be attributed to any single cause. Rather, a number of misfortunes, miscalculations and missed opportunities caused its downfall.

By Thomas M. Gorey, JD and Dean G. Smith, PhD

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MSMS Legal Counsel Richard Weber provides an important update to prescribing rules. By Richard D. Weber, JD, MSMS Legal Counsel

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Rob Jackson, MD, medical director of Oakwood Primary Care Physicians in Dearborn, welcomes risk contracts and has the expertise to manage them profitably and to his patients' satisfaction. By Gregory Brusstar

December 1999 Volume 98, Number 12

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SPECIAL FEATURE

Telemedicine Speeds Up on Information Superhighway

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Education currently is the most common use for telemedicine, but its use in consultation, diagnosis and treatment is increasing in this country.

By Jennifer V. Higgins

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Interlochen provides it students and faculty with the benefits of arts medicine and the care of its practitioner, Irene Zsuzsi Danek, MD.

By Heather Hoyle

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Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. It is published on a monthly basis. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, \$100.00 (includes weekly Medigram newsletter); single copies, \$5.00. Printed in USA. All communications relative to articles, news, exchanges and classified advertising should be addressed to Claudia R. Skutar, advertising to Judy Hudson, and address changes to Janet Button, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351. POSTMASTER: Send address changes to Michigan Medicine, P.O. Box 950, East Lansing, MI 48826-0950

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New Rules Authorizing Physicians to Delegate the Prescribing of Controlled Substances Present Significant Legal Liability Exposure

By Richard D. Weber, JD MSMS Legal Counsel

he new rules authorizing physicians to delegate the prescribing of controlled substances to physician's assistants (PAs) or nurse practitioners and nurse midwives (APNs), became effective November 17, 1999. The rules were vigorously opposed by MSMS on the basis that prescribing controlled substances by non-physicians presented a serious health risk to the public. The rules were likewise opposed by MSMS through legal counsel on the basis that the Board of Medicine did not support the rule, and the Public Health Code vests the exclusive authority to promulgate such rules with the Board of Medicine. These and other arguments were not effective in causing the Governor to preclude the implementation of the rules.

The rules authorize, but do not require, physicians to delegate the prescribing of controlled substances to APNs and PAs whom they supervise. When delegating Schedule 3 to 5 controlled substances, the rules require a delegating physician to establish a written authorization that contains all of the following:

- Name, license number and signature of the supervising/delegating physician.
- Name, license number and signature of the PA/APN.
- Limitations or exceptions to the delegation.
- Effective date of the delegation. The rules further require that the

physician must review and update the written authorization on an annual basis and maintain a written authorization in each separate location of the physician's office where the delegation occurs.

With respect to the delegation of the prescription of Schedule 2 controlled substances, all of the additional conditions must be met:

- The delegating physician and the PA/APN must practice within a health facility specifically described as a free-standing surgical outpatient facility, hospital or
- The patient must be located within the health facility.
- The delegation must be in compliance with the other provisions of the rule.

The delegating physician may not delegate the prescription of Schedule 2 controlled substances issued for the discharge of a patient for a quantity of more than a seven day period.

Finally, the rules preclude the delegating physician from delegating the prescription of a drug or device individually, in combination, or in succession for a woman known to be pregnant with the intention of causing either a miscarriage or fetal death.

A physician who elects to delegate the prescribing of controlled substances under these rules assumes substantial legal liability exposure. The assumption of legal responsibility through the delegation creates

potential liability for damages which may arise out of the breach of the appropriate standard of practice. Direct liability could be imposed upon the physician for delegating the prescribing of controlled substances when the physician either knew or should have known that the APN or PA was not properly trained or otherwise capable to prescribe such drugs. Direct liability could also be imposed upon the physician for failing to properly supervise the APN or PA. Vicarious liability could be established against the physician for the negligence of the APN or PA based upon the control imposed upon or exercised by the physician. Vicarious liability would be imposed if the APN or PA is employed by the physician or the physician's business entity. Even if the APN or PA is not an employee, the element of control may result in vicarious liability even if the relationship is that of an independent contractor, rather than an employee.

The applicable standard of practice to be applied in the context of delegating prescribing powers under these rules presents considerable concerns. The physician must perform consistent with the standard of practice applicable to physicians, but the APN or the PA must perform consistent with the standard of practice applicable to those health care practitioners. This is well-established law. It is conceivable, however, that a physician could be held liable

Editor's note: If you have legal questions you would like answered by MSMS legal counsel in this column, jot them down and send them to Claudia R. Skutar, editor, P.O. Box 950, East Lansing, MI 48826-0950.

based upon the higher physician standard of practice, but the APN or PA could be exonerated on the basis that the lower standard of practice for those practitioners was met. On the other hand, an APN or PA could not be held to the higher physician standard. Although it would be logical to hold all health care practitioners who prescribe controlled substances to the same standard of practice, that is not the current state of the law.

The rule authorizing delegation to a PA requires that the physician supervise the PA. The Public Health Code specifically limits the number of PAs that may be supervised. A physician who is a sole practitioner or who practices in a group and treats patients on an outpatient basis may not supervise more than four PAs. If a physician supervises PAs at more than one practice site, the physician may not supervise more than two PAs by a method other than the physician's actual presence at the practice site.

Although the rule authorizing delegation to APNs does not specifically require supervision, it is likely that a court would interpret oversight at least as restrictive as supervision is defined in the Public Health Code. That definition provides as follows:

"Supervision...means the overseeing of or participation in the work of another individual by a health professional licensed under this article, in circumstances where at least all of the following conditions exist:

(a) The continuous availability of

direct communication in person or by radio, telephone, or telecommunication between the supervised individual and a licensed health professional

(b) The availability of a licensed health professional on a regularly scheduled basis to review the practice of the supervised individual, to provide consultation to the supervised individual, to review records, and to further educate the supervised individual in the performance of the individual's functions.

(c) The provision by the licensed supervising health professional of predetermined procedures and drug protocol." (MCL 333.16109(2))

The written authorization required in the delegation, among other things, must contain limitations or exceptions that the delegating physician deems appropriate. Some monitoring of these limitations or exceptions should be legally essential. To delegate the prescribing of controlled substances under these rules without any limitations or exceptions would enhance the already broad legal exposure assumed by the delegating physician.

The Public Health Code specifically provides that "an act, task, or function shall not be delegated under this section which, under standards of acceptable and prevailing practice, requires a level of education, skill, and judgment required of a licensee under this article." (MCL 333.16215(1)) This statute would clearly be in play under any claim asserted as a result of the prescription of a controlled substance by an

APN or PA. In a malpractice case, a jury would determine whether the delegation was appropriate under standards of acceptable and prevailing practice in view of the level of education, skill and judgment of the APN or PA.

Any physician who elects to delegate the prescribing of controlled substances to APNs or PAs must also consider the legal consequences under the physician's controlled substances license. The prescribing is the delegated act of the physician and is therefore accomplished under the physician's Michigan controlled substances license and DEA registration. A separate Michigan controlled substances license or DEA registration is not issued to an APN or PA. PAs and APNs are not independently tracked through the Official Prescription Program. Prescriptions are recorded under the individual physician's DEA number.

Under a Michigan statute, a controlled substances license is not required for an agent or employee of a licensed prescriber if the agent or employee is acting in the usual course of the agent's or employee's business or employment. (MCL 333.7303(3)) This statute would clearly impose an agency or employee relationship in the context of the implementation of these rules. Therefore, the physician would be vicariously liable for any negligence or other tortious conduct on the part of the APN or PA. To argue that the APN or PA was not an employee or agent, and therefore vicarious liabil-

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JANUARY 2000

- 12, MSMS Advisory Committee on Medical Economics. Location: MSMS Headquarters, East Lansing, MI. Contact: Julie Lester at 517-336-5768 or ilester@msms.org.
- 13, MSMS Center For Physician Education and Leadership Practice Management Seminar- "ICD-10: Will Your Practice be Ready for the Change?" Location: Dearborn, MI. Contact: Jennifer Mogyoros at 517-336-7581 or mjensen@msms.org.
- 17, MSMS/MICOA Making the Rounds Program. Location: North Ottawa Community Hospital, Grand Haven, MI. Contact: Tom Plasman at 517-324-6958 or tplasman@micoa.com.
- 19, MSMS Board of Directors Meeting. Location: MSMS Headquarters, East Lansing, MI. Contact: Irene Frost at 517-336-5734 or ifrost@msms.org.

FEBRUARY

- 3, Michigan Association of Apnea Professionals (MAAP). Location: MSMS Headquarters, East Lansing, MI. Contact: Earlene Valler at 517-483-2593.
- 25, MSMS, MOA and the Greater Detroit Area Health Council Present-Complementary Medicine: Revolution or Evolution? Location: Novi Hilton, Novi, MI. Contact: Esther Nobles at 517-336-5766.

MARCH

- 3-4, MSMS Joint Section Meeting. Location: Ritz-Carlton, Dearborn, MI. Contact: Judy Marr at 517-336-5744 or jmarr@msms.org.
- 13, MSMS/MICOA Making the Rounds Program. Location: Mercy Health System, Cadillac, MI. Contact: Tom Plasman at 517-324-6958 or tplasman@micoa.com.
- 15, MSMS Board of Directors Meeting. Location: MSMS Headquarters, East Lansing, MI. Contact: Irene Frost at 517-336-5734 or ifrost@msms.org.
- 22, MSMS Advisory Committee on Medical Economics. Location: MSMS Headquarters, East Lansing, MI. Contact: Julie Lester at 517-336-5768 orilester@msms.org.
- 22, MSMS/MICOA Making the Rounds Program. Location: Henry Ford Hospital/Medical Center-Wyandotte, Wyandotte, MI. Contact: Tom Plasman at 517-324-6958 or tplasman@micoa.com.

APRIL

- 28, MSMS Board of Directors Meeting. Location: Amway Grand Plaza, Grand Rapids, MI. Contact: Irene Frost at 517-336-5734 or ifrost@msms.org.
- 28-30, MSMS House of Delegates. Location: Amway Grand Plaza, Grand Rapids, MI. Contact: Donna Brown/Jennifer Bates at 517-336-5735 or ibates@msms.org.

30, MSMS Board of Directors Meeting. Location: Amway Grand Plaza, Grand Rapids, MI. Contact: Irene Frost at 517-336-5734 or ifrost@msms.org.

MAY

- 17, MSMS Advisory Committee on Medical Economics. Location: MSMS Headquarters, East Lansing, MI. Contact: Julie Lester at 517-336-5768 or ilester@msms.org.
- 22, MSMS Foundation Golf/Tennis Classic. Location: Country Club of Lansing, Lansing, MI. Contact: Judy Marr at 517-336-5744 or imarr@msms.org.

JULY

20-23, MSMS Board of Directors Mid-Summer Meeting. Location: Grand Hotel, Mackinaw Island, MI. Contact: Irene Frost at 517-336-5734 or ifrost@msms.org.

SEPTEMBER

- 8, MSMS/MICOA Making the Rounds Program. Location: West Branch Regional Medical Center, West Branch, MI. Contact: Tom Plasman at 517-324-6958 or tplasman@micoa.com.
- 20. MSMS Board of Directors Meeting. Location: MSMS Headquarters, East Lansing, MI. Contact: Irene Frost at 517-336-5734 or ifrost@msms.org.

OCTOBER

11, MSMS Advisory Committee on Medical Economics. Location: MSMS Headquarters, East Lansing, MI. Contact: Julie Lester at 517-336-5768 or jlester@msms.org.

NOVEMBER

8, MSMS Board of Directors Meeting. Location: MSMS Headquarters, East Lansing, MI. Contact: Irene Frost at 517-336-5734 or ifrost@msms.org.

SPECIALTY SOCIETIES FEBRUARY

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Care House Meeting. Location: MSMS Headquarters, East Lansing, MI. Contact: Liz Foster at 517-336-7587 or efoster@msms.org.

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7, Michigan Society of Respiratory Care House Meeting. Location: MSMS Headquarters, East Lansing, MI. Contact: Liz Foster at 517-336-7587 or efoster@msms.org.

JUNE

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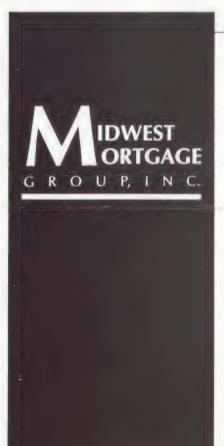
APN/PA PRESCRIBING OF CONTROLLED SUBSTANCES

continued from page 6

ity does not apply, could constitute an implied admission by the delegating physician of a violation of the controlled substances statute in Michigan. Although an analysis of federal and state controlled substances laws is beyond this article, physicians should be aware that significant criminal penalties, including substantial fines and imprisonment, may be imposed for violations.

There is a virtual guarantee that any claim asserted by a patient arising out of the prescribing of a controlled substance by an APN or PA will be asserted against the delegating physician. Physicians who elect to delegate the prescribing of controlled substances must understand the significant legal exposure assumed by the delegation. Any physician electing to delegate under these rules should seek legal advice not only with respect to careful compliance with the specific requirements of the rules, but also to obtain further advice with respect to the substantial liability risk assumed by the delegation.

The author is senior partner at Kerr, Russell, and Weber, Detroit.



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When Medicine goes .com

By Dexter W. Shurney, MD, MBA, MPH

rom all walks of life, people throughout the country are logging on to the Internet. Once considered the realm of a handful of early adapters to technology like academics. engineers, and techno-geek mavericks, the Internet is fast becoming part of the broad American mainstream. More than 100 million people worldwide already have Internet access and that number is growing at an astounding rate.

Motors, for example, recently has launched an e-commerce division and has gone on record as stating that all of its vendors within the next few years must be on line or face elimination from their supply-chain.

Additional trends and predictions for the Internet provide further support to the opinion that the Internet is moving into the mainstream and will continue its rapid growth.

Hot Off the Starting Block

In only its first five years, the Internet captured use-rates that took TV and radio, 13 and 38 years, respectively, to achieve. It's estimated that by the year 2002, there will be over 130 million users in the United States alone.

The Internet is reinventing the way in which we communicate and purchase services. It's changing the way we get our news, how we reengineer our companies, how we shop, how we invest, and how we define "community" and "customer." The Internet is now focusing on health care. And, eventually, it will, as did managed care, reshape health care and the practice of medicine.

Moving into Millennium Mainstream

Conventional wisdom among the business gurus is that any business that wishes to survive in the new technology-based economy will have to transform itself into an Internet company regardless of its core business. In part, this prediction is rooted in the fact that, since 1997, e-commerce revenues have increased by 615 percent to approach \$18 billion this year. But it's the potential cost efficiencies to be gained from the Web approach to doing business that generates the greatest excitement. The online efficiency gains to business are expected to top the \$1 trillion mark as early as 2002. General

Making Things More Convenient

• Several Internet service providers (ISP) are now offering free Internet access.

• Free PCs are being offered by some ISPs to customers willing to enter certain subscription arrangements.

· Access to the Web without having to use a PC-computer is expected to catapult use among the current non-users at a tremendous rate.

• WebTV Networks this fall is launching interactive versions of game shows such as Jeopardy, Wheel of Fortune, and Judge Judy. Viewers will be able to play along and compete on line with other viewers, answering the questions before the TV contestants. Meanwhile, sports fans will be able to chat on line with other enthusiasts while watching network-sporting events.

 Windows CE-based gas station pumps will allow you to browse the Web while filling up your car...getting instant traffic and weather updates, directions, and automotive advice.

• Wireless carriers have now developed services that connect pagers and cell phones directly to the Internet or that link the phones to laptop computers to provide for mobile access anytime from anywhere. Predictions are that by 2003 there will be over 600 million mobile devices in use and that non-PC access to the Internet will exceed PC access.

Continued on page 12

Health Care Challenges: The Past, Present & Future

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Medicine Goes .com/continued

• Within the next two years, 60 million people will be telecommuting and working remotely, depending on the Internet to stay connected with their companies and clients.

Health Care Trends

The e-commerce foray into health care has only just begun. WebMD and Dr. Koop.com have been contenders for leading Internet healthcare content providers. However, their ranks are being challenged by a slew of newcomers.

According to a September 1999 Healthcare Informatics survey, there are over 200 e-healthcare companies vying for their share of the healthcare marketplace. The fact that most of these businesses were not in existence a year ago illustrates the rapid growth in interest in health care on the Internet.

Cutting the Red Tape

Many of these companies are developing business-to-business Internet solutions that simplify communications between health plans and physician offices. They aim to help physicians improve their business processes by streamlining administration. Additionally, they hope to improve the quality of care delivered by making better clinical information for decisionsupport available to physicians and patients. Another objective is to dramatically lower the cost of business for both managed care organizations and providers.

Effective in Cutting Costs

Some companies, for example, have reported cost savings of 70 percent in processing and managing their referrals using online approaches.

Here are some of the reasons why health care on the Web is of such interest to so many, and why it is so inviting to Internet entrepreneurs:

• Healthcare expenditures comprise 14 per-

cent of the GDP, making it the single largest sector of the U.S. economy.

- There is tremendous consumer interest and very broad demand. In 1998, it's estimated that 40 percent of online searches were for health information. Beyond just an interest, it's obvious that health care is something that affects every individual in some way or another.
- · Healthcare delivery is inefficient and it is information based. This makes it a prime candidate for web-enabled approaches to digital transaction and data exchange, and work improvement processes.

Over the next few years, e-health care will gather even greater momentum as a multitude of new technologies and applications in devices, security, and bandwidth that are currently in the pipeline begin to emerge.

Clearly, it's no longer a question of if, but a matter of when and how health care goes .com. This is not necessarily a bad thing to have happen. It's possible that the Internet for health care can be a very good thing, if done responsibly. It can be done responsibly by physicians helping to guide the use of the new technology. In whatever facet of health care we work, physicians need to apply their energy, knowledge, and ingenuity to help direct this change.

The Internet is a force that is already over 100 million users strong and is pulling in its wake huge sums of money. As the action shifts to health care, it will be an area ripe for physician involvement. We should be exploring ways in which physicians and their patients can use the Internet together to improve care and satisfaction. This opportunity should not be squandered. Physicians are the cornerstones of health care. My hope is that, as a profession, we play an active, lead role in the new healthcare order, when medicine goes .com.

The author heads his own computer consulting firm and is the former medical director of Blue Cross Blue Shield of Michigan.

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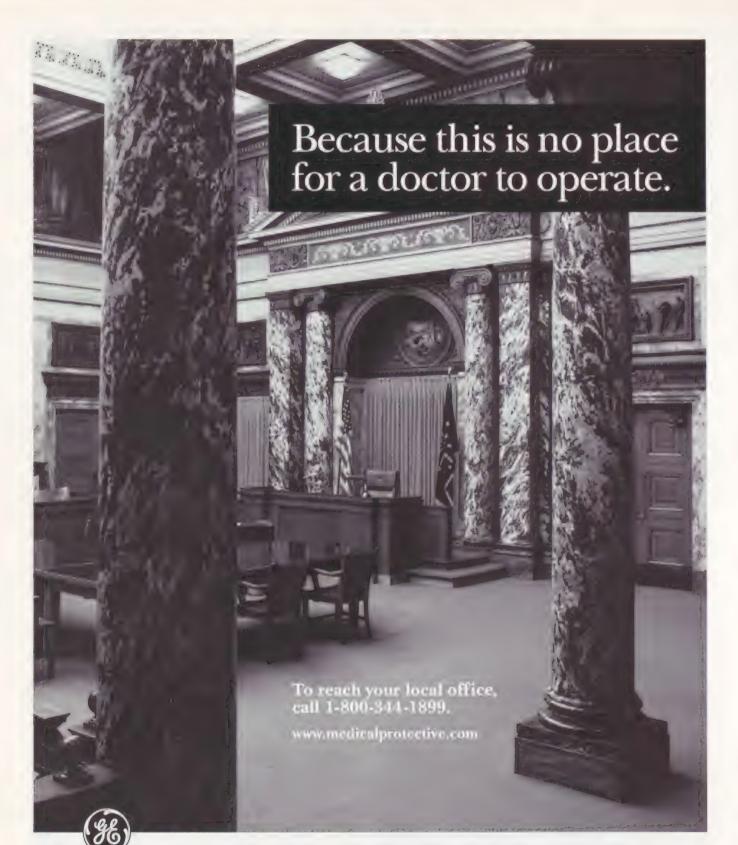
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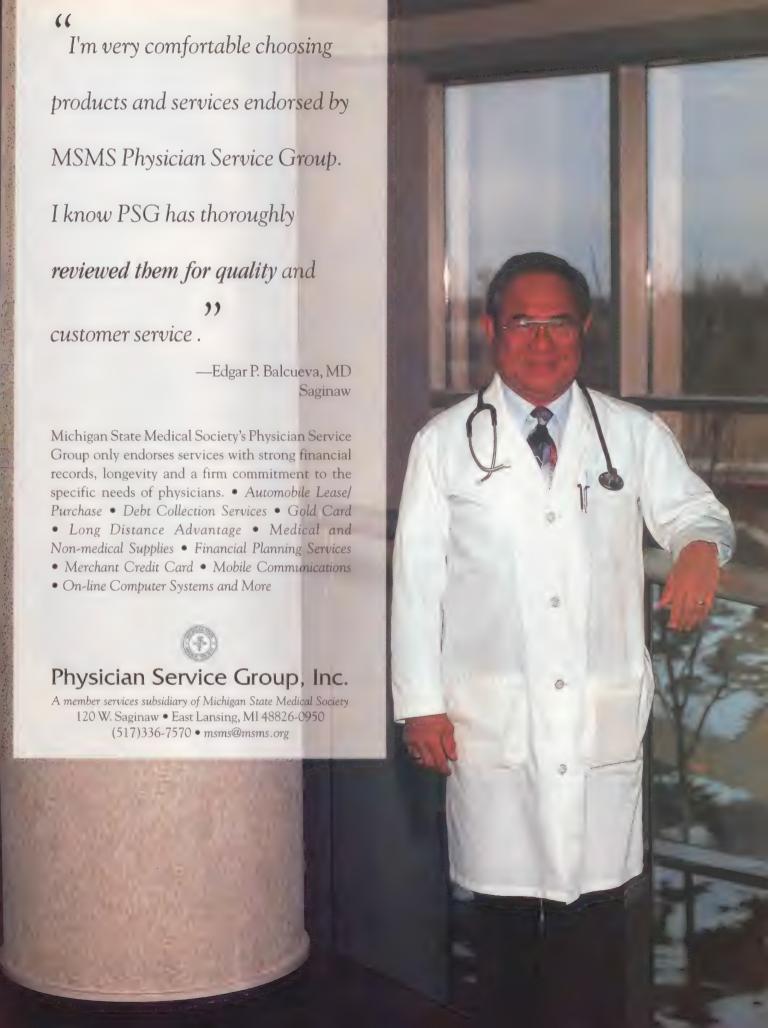
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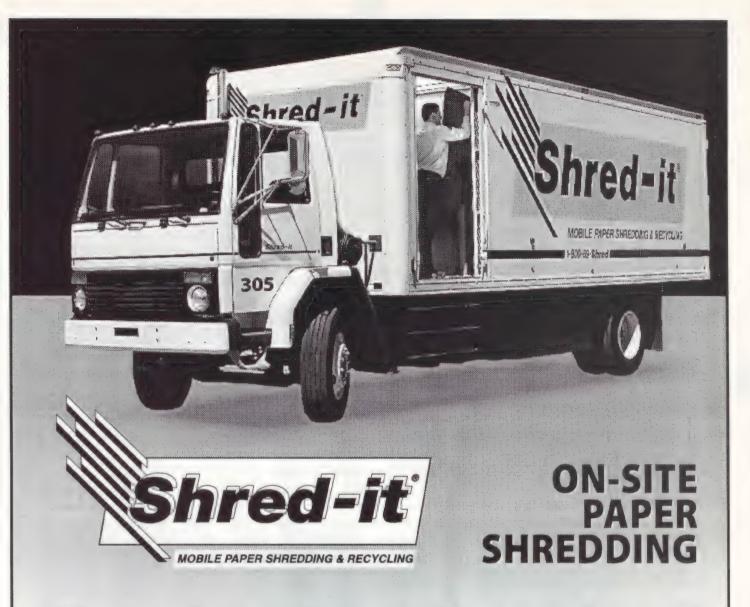
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January 2000

10-14, Bone and Soft Tissue Tumors. Location: Maui. Hawaii. Contact: Mayo School of Continuing Medical Education, Mayo Clinic, Rochester, Minnesota; 800-323-2688; 507-284-2509; or fax 507-284-0532. Approved: 28 Category I credits.

13, Practice Management Seminars: ICD-10: Will Your Practice be Ready for the Change? Location: Dearborn, MI. Contact: Mary Jensen, education coordinator, at 517-336-5706 or mjensen2@msms.org.

13, Practice Management Seminars: How to Effectively Handle Workers' Compensation Claims. Location: Dearborn, MI. Contact: Mary Jensen, education coordinator at 517-336-5706 or mjensen2(a msms.org.

May

2-5, 7th International Surgical Pathology Symposium. Location: Montreal, Quebec, Canada. Contact: Mayo School of Continuing Medical Education, Mayo Clinic, 200 First Street SW, Rochester, Minnesota, 55905 USA.; 800-323-2688 or 507-284-2509; or fax 507-284-0532. Visit their Internet site at www.mayo.edu. Approved: 19 Category I credits.

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Irene Danek, MD

Arts Medicine at Interlochen Arts Academy

By Heather Hoyle

estled in the serene heart of northern Michigan there is a cultural epicenter that educates and supports young musicians, dancers, and artists in grades 9-12. This artistic haven is Interlochen Arts Academy. In accord with the nurturing atmosphere of this arts sanctuary, Interlochen provides its students and faculty with the benefits of arts medicine and the care of its practitioner, Irene Zsuzsi Danek, MD.

Medicine as Art

In 1985 Doctor Danek, while working at Interlochen, shifted from family practice with an emphasis in adolescent medicine to arts medicine. She realized that there was a

definite need for such services at the academy and that her practice at the time was

not fulfilling that need.

And the need for and notoriety of arts medicine is on the rise. Many physicians in neurology, orthopedics, medical rehabilitation, and family practice are shifting specialties to fill this need.

Unfortunately, courses are not available in medical schools to instruct practitioners like Doctor Danek about arts medicine.

Fortunately for the individuals in this field, there is the Performing Arts Medicine Association (PAMA). This association is "dedicated to improving the health care and treatment of performing artists through education, research, and teaching." PAMA allows physicians to network with others in this field, and it also publishes a journal. (Further information concerning PAMA can be obtained by viewing their Web site at http://www.artsmed.org/.)

The Routine

According to Doctor Danek, arts medicine is the "field diagnosis, treatment, and prevention of injuries resulting [from] performing in arts, music, singing, and dancing." She also defines it as the "moderation of artistic activity." Physicians in arts medicine, first and foremost, strive to prevent any injuries that may occur to the

artist. Doctor Danek commonly speaks with the various departments at Interlochen concerning the prevention and recognition of problems



Doctor Irene Danek (L) makes activity recommendations to Sharon Randolph, Director of Dance, (R) concerning an injured dancer.

associated with the artistic genres of the students and faculty. She also speaks with dancers about proper nutritional habits. In addition, the arts medicine department at Interlochen provides musicians with specially designed earplugs that block harmful noises but that do not distort the sounds they must hear to play in an ensemble.

If the artist is injured as a result of his or her medium, Doctor Danek treats the injury according to the available and appropriate modalities available such as physical therapy, occupational therapy, massage therapy, exercises, and medication. She also takes an in-depth look at the origin of the injury, and then strives to change or alter that behavior to prevent any future injury.

Other Areas of Work

In addition to treating patients, Doctor Danek also does research concerning lung functions. She studies how the lung functions of musicians vary from that of the general nonmusician population.

As artists themselves, many physicians in arts medicine can directly relate to the artists. Doctor Danek, for instance, is a pianist. Interlochen faculty members showcase their talents through concerts demonstrating their instrumental and vocal capabilities. This demonstrates to the students of Interlochen Arts Academy that they are not only interested in developing and protecting the students' individual talents, but share a common artistic bond.

The author is an East Lansing-based freelance writer.

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Lessons from the



Burns Clinic



Experience

Thomas M. Gorey, JD, and Dean G. Smith, PhD

rom rural clinics to the largest investor-owned networks, healthcare firms face a number of challenges: declining reimbursement from many payers, increasing competition, and growth and turnaround strategies that may not be sustainable. Physicians practice in the middle of the swirling uncertainty,

often unaware of impending crises and unprepared to handle the consequences. We present a case study of the former Burns Clinic, Petoskey, Michigan, to illustrate some causes and to provide some lessons for sustaining a physician group practice.

The Burns Clinic Story

The Burns Clinic Medical Center, P.C., was a multispecialty group located in Petoskey, Michigan that traced its origins to 1931. Dean C. Burns, MD, a general surgeon, founded the group with an internist and an eye, ear, nose and throat specialist. The group was part of a dream to develop a multispecialty group that could provide the residents of Northern Michigan with superior, comprehensive medical care. By 1964, the Burns Clinic had become a group of 25 physicians in 12 specialties. The Burns Clinic was successful in attracting new physicians because of its outstanding facilities, respected physicians and a beautiful setting. The clinic grew from 90 physicians in the 1980s to a peak of 125 in the mid-1990s, when it included virtually all medical specialties.

Financial pressures and concerns over federal health reform led the clinic to seriously weigh its organizational options in the early 1990s. Leaders were told that the clinic needed to affiliate with another entity in order to survive. After rejecting options to affiliate with Northern Michigan Hospital in Petoskey and other hospitals and clinics throughout the Midwest, the clinic entered into a long-term agreement with PhyCor, the national, publicly traded physician practice management company. The clinic's leadership felt that to remain viable it would need an infusion of both capital and management expertise.

The first years represented a honeymoon period for the clinic and PhyCor. Money that had been part of the acquisition fee was being used to bolster salaries, and the price of PhyCor stock was rising. Because of these observations, the average physician thought the clinic was doing great. This period of expansion and renovation created a false sense of security, and physicians assumed the financial stability would last.

As the PhyCor funds became depleted, it was clear that there were troubles and that the future viability of the clinic was under threat. Physicians began to realize that the clinic was not going to be able to sustain itself financially unless changes occurred. A number of the higher producing specialists had already left the clinic, and others were threatening to leave. By late 1998, the number of physicians in the clinic had declined to 80 and the situation was terminal. In spring 1999, the Burns Clinic ceased operations, and the group's remaining physicians either opened private practices, accepted an offer from the hospital to work under a temporary agreement, or left town to practice in another locale.

Factors that Contributed to the Downfall

The demise of the Burns Clinic cannot be attributed to any single cause. Rather, there were a number of misfortunes, miscalculations and missed opportunities that, working together, contributed to the clinic's downfall. The leading factors associated with the dissolution of the clinic are presented below.

Arrangement with PhyCor

The arrangement with PhyCor was at the top of the list of discussion points of most physicians who agreed to talk about the closure of the clinic. Although the decision to enter into a long-term agreement with PhyCor was certainly not the sole cause, it was coincident with the downfall of the clinic. Had the clinic not entered into the PhyCor deal, however, there is a strong possibility that the clinic would have met the same fate because of the number and complexity of challenges that were confronting it. The decision to work with PhyCor was the result of the clinic board's recognition that drastic steps were necessary to keep the organization alive. Some physicians suggest that the infusion of cash from PhyCor kept the clinic open for three or four more years than might have otherwise been the case.

Miscalculation Regarding the **Future Role of Managed Care**

Central to the clinic's strategic miscalculations was the role of managed care. The clinic based part of its business strategy, including affiliation with PhyCor, on the premise that managed care would come, or could come, to northern Michigan.

Although in hindsight it is easy to see that the conditions in northern Michigan were not conducive to managed care, at the time the decision was made to affiliate with PhyCor it was virtually accepted that managed care would sweep across the country. As one physician put it, "Managed care was being sold as the coming thing; that it was only a matter of time. Managed care, however, never came."

A Failed Growth Strategy

Tied to the expectation of managed care, the clinic developed a plan for expansion into the outlying areas and recruitment of primary care physicians. A strategy of survival through growth was consistent with the long-term strategy of the clinic. Financial downturns had been experienced in the past, and each crisis was addressed by a strategy of growth.

PhyCor also fit the group's need for a capital partner to implement its growth strategy. The clinic had pay cuts because of a building expansion, and the clinic knew it could not expand any further "out of the back pockets of physicians." clinic leaders chose PhyCor because they felt PhyCor had more to offer in terms of general management resources, including the capital and know-how to implement the clinic's expansion strategy.

However, at some point, further expansion is not possible. The population of this part of Michigan increased by 20 percent through the 1980s and 1990s. At the same time, the number of physicians increased at nearly three times this rate. While patient volume increased, it did not increase at a rate that covered the costs of the added physicians. Without managed care or healthcare reform to alter market dynamics, the growth strategy failed. Was the optimal size of the clinic 80, 90, 100 or 150 physicians? Once the clinic increased in capacity, reduction was not an easy option.

Failure to Develop an Acceptable Physician Compensation Plan

One of the clinic's long-standing problems was that its compensation plan failed to adjust compensation fully for productivity. The clinic had data on physician productivity, but did not do much about it. As one physician put it: "Diversity is good, but variation is bad. How can a practice of any size maintain a cohesive front when one person is practicing at the 90th percentile of efficiency and another is practicing at the 10th percentile of efficiency?"

Failing to deal in a timely manner with the issue of physician productivity (and the inequities this produced in physician compensation) led, directly or indirectly, to the departure of several key specialty groups. Anesthesiologists were among the first to leave the clinic. Radiologists also left, and cardiologists requested a salary floor. The board approved a package for the cardiologists, which raised the ire of many other Burns' specialists.

The fact that for so many years the compensation plan was not tied exclusively to productivity was a major factor in the clinic's decline. In addition to providing salary support to some physicians, many physicians were under-productive, and there were no goals for gradual improvement of productivity. On the other end, the compensation scheme did not reward physicians for productivity. Even though a physician increased his or her productivity, there would be minimal change in salary. As a group, physicians learned that there was no reason to be more productive because there would not be a proportional increase in compensation. The low producers were being supported by the high producers and there was a disincentive toward working more efficiently or harder.

In late 1998, the clinic board finally decided to put in place a compensation plan for 1999 that would link compensation directly to productivity. The plan was too little too late. When the crisis finally emerged, it came so rapidly that there was insufficient time to implement changes. With an abysmal forecast for salaries in 1999, those who had not made up their minds were pushed to the brink and, as one former Burns Clinic physician put it, "Physicians with any get up and go got up and left." The most productive physicians were the first to go, which

made it even more difficult—if not impossible to continue the type of income redistribution that had sustained the clinic for so many years.

Finally in this regard, confronting physician colleagues on issues such as productivity was difficult in the small community of Petoskey. In a town of 7,000, clinic issues were the subjects of local conversation. The ability to confront physicians was limited without the possibility of personal relationships being affected.

Clinic-Hospital Conflict and Competition

Historically the clinic and the hospital worked closely together and were often one entity in the minds of many patients. Still, there was an undercurrent of competition, conflict, and lack of trust that rose to the surface with the clinic's decision to sell to PhyCor. The lack of communication and differing objectives also led to competition for primary care physicians between the clinic and the hospital. Both the hospital and the clinic were committed to growth strategies. In the case of the clinic, this expansion required ongoing financial support to primary care physicians, adding to the income redistribution that was causing so much concern among the higher earning specialists.

Taking on the Blues

Compounding the clinic's difficulties during the PhyCor era was the decision to departicipate with Blue Cross Blue Shield of Michigan. This decision, which had been discussed off and on for some time, was made in an effort to increase revenue in response to continued decreases in physician reimbursement.

Although the strategy had been designed with the assistance of respected consultants, all did not go as planned. One former Burns Clinic physician described the strategy as follows: "One motivation for bringing PhyCor to the table was to gain bargaining clout. We hoped that with PhyCor at our side, the Blues would take the

"Physicians with any get up and go got up and left."

threat of departicipation seriously and raise fees. When the Blues didn't raise fees and brought a public relations team to town, it was clear that the strategy was a failure. The clinic did not have the market power that it thought."

Failure to Implement Operational Changes in a Timely Manner

In the minds of most former clinic physicians, the PhyCor deal did not result in any changes in management designed to improve operations. In hindsight, PhyCor's strength was in managed care and in helping organizations that wanted to grow and could grow because of the market table—at least for the Burns Clinic—was help efficiencies. In fact, part of the attractiveness of the PhyCor transaction was PhyCor's stated willingness to stay out of day-to-day operational

operational issues, however, was a contributing factor in the downfall of the clinic. As one former Burns Clinic representative put it, "PhyCor was supposed to guide the group, but with the hands-off approach they used, they were invisible.'

Failure of Governance

For the first four decades of the clinic's operation, governance could best be described as autocratic rule by the group's founding physicians. Later, with 25-30 physicians, the clinic began having monthly meetings of all its physicians. Although the meetings were sometimes dynamics. What they did not bring to the difficult, all the important issues facing the group were discussed openly. With 45-50 phywith operational issues, including enhancing sicians, the board began making more and more of the decisions on behalf of the clinic's physicians. As the clinic's governance changed over time, there was an increasing level of physician issues and not interfere with physician decision- apathy, with fewer and fewer physicians attendmaking prerogatives. Being too hands-off on ing meetings. Part of this apathy was due to the premium on the laid-back lifestyle in Petoskey and who didn't want to be bothered with nitty gritty details of operating a group practice.

to how much and how well the board communicated with clinic physicians during the PhyCor era, it is clear that the pattern of physician non-involvement in governance that evolved over the years contributed to the problem. Once the clinic began to fall on hard times, crisis was at hand.

Failure of Leadership

As things began to unravel in 1998, there cause the crisis had gone too far. was a crisis of confidence in the clinic's leadership. Whether the leaders had the necessary cation of the group. Petoskey is a throwback to skills is not the key issue; the fact is the leader- an earlier time—an anachronism. At it largest, ship lost the trust of physicians, which hampered the leaders as they attempted to weather a town of 7,000. As one former clinic physician

type of physicians who came to the Burns the crisis. When the leadership developed a Clinic—by and large physicians who placed a turnaround plan in 1998, the clinic's physicians did not have faith in it. Unfortunately, the clinic never invested much time or energy on physician leadership development, so there was a Although there are conflicting opinions as dearth of new physician leaders ready to step in when the crisis became full-blown.

Physicians in a State of Denial

Failing to recognize and respond aggressively to the impending crisis proved fatal to the Burns Clinic. Many physicians expressed a denial that physicians did not get the message that a major a crisis was emerging and/or an unwillingness to take decisive action to respond to the crisis. When it was finally acknowledged that a crisis was at hand, efforts to resolve it were futile be-

Part of the reason for this attitude is the lo-

Lessons from the Burns Clinic Experience

There are a number of important lessons that can be learned from the Burns Clinic experience, including the following:

- ·Know your market and tailor your strategy accordingly. The market for health care services is local. As strong an influence as managed care is in some markets; it has had virtually no effect in others. There is no "one size fits all" strategy, so it is dangerous to import a model from another market and expect it to succeed locally.
- Physician compensation is a make or break issue for many medical groups. Undeniably, there are a variety of important issues that contribute to the success or failure of medical groups. However, compensation issues loom large. Unless compensation issues are addressed in a timely, equitable manner, they can lead to the disintegration of a group. In particular, it is essential to resolve issues involving physi-
- cian productivity, contributions to group overhead, and extent of redistribution of income from higher revenue generating specialists to lower revenue generating physicians.
- · Have a healthy measure of respect for the key players in the local health care market. Before implementing a major practice development initiative, give careful consideration to the impact it will have—and the possible counter-responses it may generate-from other key players, including hospitals and health plans. A strategy that will incite the wrath of other, well-heeled, competitive-minded health care organizations must be considered carefully. Further, know what purchasers and payers are willing and able to pay, and provide the best level of service possible at that price.
- ·Address operational issues first. Before implementing more aggressive market enhancement ini-

tiatives, such as embarking on a primary care practice acquisition strategy, a group should make sure it has its own house in order by addressing pressing operational issues.

- Group practices do not relieve physicians of all management and governance responsibilities. It is a fallacy to believe that group practices allow physicians to "just practice medicine," while ignoring the business aspects of medical practice. Even in a group practice setting, physicians must stay informed of significant operational issues affecting the group and provide input to group leaders through appropriate governance mechanisms.
- Communication is key. There must be strong, continuous communication between a medical group's leadership and members—particularly during a crisis.
- ·Groups need to groom physician leaders with the skill sets to address a full range of opera-

- tional and clinical issues. It is essential that groups choose their leaders—physician and lay—carefully. Ongoing leadership development is essential in order to handle the increasingly sophisticated challenges facing group practices.
- Ignoring threats and early warning signs of trouble usually leads to greater-often-insurmountable—challenges further down the road. As tempting as it may be to avoid tackling the hard issues facing a group, such as a longstanding problem with physician compensation, over time such issues only become harder to resolve.
- Know your mission. Without a strong, commonly shared sense of mission, groups can be tempted to pursue strategies that are inconsistent with the group's central vision and purpose and that detract from the more fundamental mission of the group.

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put it, "That was not reality, so it was easy for physicians to live in a state of denial and to think that it was always going to be this way."

Lacking a Clear Sense of Vision and Mission

Finally, tied-in closely to a number of other causes, clinic leadership determined that the group needed to achieve a more equal distribution of specialists and primary care physicians in order to succeed in the future. In doing so, however, they lost sight of what the clinic's core business was, referred specialty care. As a traditionally specialist group, the clinic found itself devoting much of its administrative time, energy, and resources towards developing a primary care base—a strategy that ultimately proved unsuccessful.

Conclusion

In the final analysis, there is no simple answer for a complex problem. An organization like the Burns Clinic with a 60-year history does not disintegrate because of a single cause. A lot of people could be blamed. Some blame the administrative team, some blame the hospital, some blame the specialty groups who left or threatened to leave the group, some blame the payers, and some blame PhyCor. However, given market dynamics, and the long-running strategy of growth in the face of crisis, the clinic's fate may have been inevitable.

The hospital was concerned with its own viability. Highly productive physicians wanted to be compensated fairly and clinic leaders did not want to deal head-on with physician productivity issues. Payers, meanwhile, had their own provider, consumer, and purchaser issues to balance. In short, providing "Mayo quality care at a discount price" might not have been sustainable even if the clinic had not affiliated with PhyCor. Balanced against the strategic effects of affiliating with PhyCor were the funds brought to clinic physicians. If the clinic was doomed, then the PhyCor funds were actually a windfall profit for physicians and employees of the clinic.

The Burns Clinic offered patients under a single roof continuity of care, largely through a common medical record and through collegial physician consultation. Many former departments have reconstituted themselves as group practices, and some physicians are working more closely with the hospital. The transition has been difficult, but the general sense is that the worst is over and things are going to improve.

Physicians who were attracted to the Burns Clinic generally did not want to be involved in the business side of practice. Now, ironically, as independent physician practices, they will have to handle all of the business aspects of their practices. Will these individual professional corporations be able to sustain the high quality of specialty services previously offered by the Burns Clinic in this rural market? Only time will tell. Hopefully, however, the Burns Clinic experience and the lessons learned from its demise will provide valuable guidance to other physicians who are in the midst of the challenging process of change management.

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This article is based on a large number of interviews with physicians and others involved with the Burns Clinic and the surrounding community. The observations represent both facts and perceptions, the difference being subtle at times. If any observations are inaccurate, this is not intentional, and apologies are offered to persons who might be offended... Thomas M. Gorey, JD, and Dean G. Smith, PhD.

Telemedicine Speeds up on Information Superhighway

By Jennifer V. Higgins

In recent years, the "information superhighway" has raised its speed limit. Companies are Looing business on the Internet at a phenomenal pace. People have access to anything you can imagine, including health care. Is this good or bad? That's a question to which one will find a whole slew of answers — both good and bad.

As defined by the American Medical Association, telemedicine refers to the provision of healthcare consultation and education using telecommunication networks. Education continues to be the most common use for telemedicine to date, though new applications are being developed nationally and globally every day.

"Our challenge as physicians is to ensure we control technology rather than let technology control us."

Telemedicine: An Overview

The medical community has been exploring the uses of telemedicine for years, primarily in the area of medical education. The application of telemedicine for consultation, diagnosis and treatment has followed, and is picking up the pace in some parts of the country. According to the 1998 Report on U.S. Telemedicine Activity produced by the Association of Telemedicine Service Providers (ATSP), the American telemedicine industry continues to grow at a fast rate. The data indicate that while certain specialty areas continue to dominate the telemedicine industry, such as mental health, radiology and pathology; the types of facilities, programs, organizations, technologies and applications used to deliver these services have expanded and diversified in the last two years.

"Telemedicine is both a fait accompli and a work in progress. The technology has proved very useful to many medical specialties. It eliminates physical distance as a barrier to consultations and may yet be adapted to enhance emer-

gency care," said State Senator John Schwarz, MD (R-Battle Creek). "Telemedicine is an invaluable development. But what technology cannot replace is the personal relationship between physician and patient. There is no such thing as 'virtual bedside manner.' Our challenge as physicians is to ensure we control technology rather than let technology control us."

In past months our country witnessed precisely what Senator Schwarz was speaking of when he mentioned telemedicine eliminating physical distance as a barrier to consultation. Jerri L. Nielsen, MD, the only medical professional wintering at the National Science Foundation's Amundsen-Scott research station, discovered a lump in her breast in June. Because of the inability of planes to fly in and out of the South Pole during the austral winter, which lasts from February to November, Doctor Nielsen was unable to leave. To complicate matters, medical facilities at Amundsen-Scott consist only of one doctor and a small clinic designed to provide basic emergency and ambulatory care. As reported in Telemedicine Today, the only sensible solution was to use computer, videoconferencing and telecommunications technologies to allow Doctor Nielsen to consult with specialists in the States. After airdropping the necessary equipment, Doctor Nielsen was able to consult face-to-face in realtime with oncologists and other physicians from leading medical and academic institutions. In addition, equipment airdropped to the South Pole enabled biopsies of the breast lump to be digitized and transmitted to the States for analysis.

While telemedicine holds the promise of many exciting opportunities for both patients and physicians, such as in Doctor Nielsens' case, it also raises many complicated and important questions. Issues like confidentiality, privacy,







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"When I consider rural medicine, I think telemedicine is the wave of the future."

-John A. Frahm, DO

standards of care, liability, reimbursement and licensure, take on a new twist.

"There's a lot going on in the area of telemedicine," said Nicholas J. Lekas, MD, chief of infectious disease and associate director of internal medicine residency program at Oakwood Healthcare System in Dearborn, and chair of the MSMS Committee on Technology. "In terms of education, there's an explosion in the amount of information available on line for the medical community. Medical journals and reports are going on line every day. As far as consultative work, that's an area that varies in activity throughout the nation and continues to be limited by a lack of regulation in licensure, liability and reimbursement."

The Question of Quality

While preliminary studies do indicate that the quality of care via telemedicine can be close to equal that of conventional delivery systems, we still lack adequate vehicles to measure quality in a formal, uniform way. HCFA has indicated that the technology for telemedicine has developed at such a rapid rate that evaluations of the appropriate medical use and cost effectiveness of the technology have lagged behind.

According to John A. Frahm, DO, chief of staff at the VA Hospital in Iron Mountain, patients have responded to telemedicine quite well. Being a federal agency, the VA is exempt from licensure laws that prevent other physicians from crossing state lines. For example, the pathologist for the VA Hospital in Iron Mountain is physically located in Milwaukee, Wisconsin. All pathology work, except autopsies, is done via telemedicine.

"So far, our patients have been quite pleased with their experiences," said Doctor Frahm. "It's fascinating to overhear their responses. It's not uncommon to hear patients go back to the waiting area and say things like, 'You should have seen what they were doing in there." He added,

"When I consider rural medicine, I think telemedicine is the wave of the future."

Daniel Teitelbaum, MD, Department of Surgery at the University of Michigan Health System, notes that while the quality of consultative interactions is high and his experiences have been favorable, there are a few downsides. "In my opinion, the biggest downside to this whole thing is the lost sense of touch. While you can hear things like heart beats and lung rhythms in real time, you can't palpate a wound via videoteleconferencing. As a surgeon, that's an important piece."

At the same time, Doctor Teitelbaum notes that telemedicine augments the one-on-one relationship with patients, ultimately increasing the level of quality in some cases. "Typically a patient has to drive, park, find the office, etc. With telemedicine, the patient can see multiple physicians at one time. It affords us time to talk with the patient and provides convenience for them."

For Steven St. Charles, MD, director of Neonatology at Munson Medical Center in Traverse City, the quality of images transmitted via their Rural Emergency Medical Education Consortium (REMEC) system is excellent. "As the ultrasound is being performed, the image is transmitted to the consulting physician in real time. We both see the same image at the same time with the same degree of quality and clarity. It's remarkable."

To Pay or Not to Pay

Reimbursement for consultative work via telemedicine remains an unresolved issue. In September, the American Telemedicine Association (ATA) provided testimony before the Senate Committee on Commerce, Science and Transportation, Subcommittee on Science, Technology and Space. Delivered by LTC Ronald K. Poropatich, MD, member of the ATA Board of Directors, it was noted that, "Despite many years of successful telemedicine demonstrations and the rapidly expanding deployment of telemedical services in the private sector and in other countries, the United States lags behind in recognizing and paying for medical services provided via telemedicine."

Currently, Medicare reimburses for several different types of remote services on a national level, including teleradiology, remote patient monitoring and live video consultations with patients residing in Health Professional Shortage Areas. In Michigan, reimbursement is also provided for both teleradiology and telepathology. However, broad reimbursement for telemedicine services is still unavailable. In Doctor Poropatich's testimony, he states, "The failure to provide coverage to telemedical services has put a brake on the growth of telemedicine, restricted access to health services by many Americans and hampered the ability of the U.S. healthcare industry to use telemedicine in reducing costs and increasing quality of care."

There are three proposed bills before Congress amending the current program that provides Medicare reimbursement for telemedicine delivered to patients residing in rural health professional shortage areas: S.770 Comprehensive Telehealth Act of 1999, H.R. 1344 Triple-A Rural Health Improvement Act of 1999 and S. 980 Promoting Health in Rural Areas Act of 1999. All three bills can be viewed via the ATA website, www.atmeda.org/news/ amendment.html.

Licensure Barriers

Whether a physician must obtain a medical license in each state where he or she consults by telemedicine continues to be an area of strong debate. It is the policy of the American Medical Association that "medical boards of states and territories should require a full and unrestricted license in that state for the prac-

tice of telemedicine, unless there are other appropriate state-based licensing methods, with no differentiation by specialty, for physicians who wish to practice telemedicine in that state or territory." This policy applies to "situations where there is a telemedical transmission of individual patient data from the patient's state that results in either (i) the provision of a written or otherwise documented medical opinion used for diagnosis or (ii) rendering of treatment to a patient within the board's state." The AMA notes exemption from this licensure requirement for traditional informal physician-to-physician consultations ("curbside consultations") that are provided without expectation of compensation.

Groups such as the American College of Radiology argued for "full licensure" in each state by physicians practicing telemedicine across state lines as early as 1994. Those who advocate for national licensure argue that it would be impractical for consulting physicians to obtain multiple state licenses to participate in telemedical consultations regionally or nationally. The costly and time-consuming process, varying amounts of paperwork, requirement for personal interviews in some cases, and travel expenses have been noted as some of the reasons for its consideration.

According to Doctor Teitlebaum, there isn't much interstate telemedicine consultation happening right now. "The only state in which our practice currently provides telemedicine consultations is Ohio, and that's because we are licensed there. Interstate licensure is a doubleedged sword. A lot of states want to prevent this from happening. For other states, like California, it doesn't matter."

The ATA's policy regarding telemedicine and issuance of state medical licenses offers a compromise between full national licensure and restricted state licensure. Key elements as reported in Telemedicine Today include:

For telemedicine encounters in which the

physician and patient are in different states, the encounter should be regulated by the provider's

- States should not restrict "virtual" travel of patients to seek medical advice outside of their state.
- •States should not restrict "virtual" travel of physicians to seek medical advice from a physician licensed in another state.

Telemedicine and Medical Education

Experiments using television for medical education and consultation began in 1964 when prime-time communication satellites became available for assistance in providing health services to rural areas. Today, providing continuing medical education using telemedicine technologies is the norm.

According to Sally Davis, director of Upper Peninsula Telehealth Network (UPTN) at Marquette General Hospital, most of the physician continuing medical education and other healthcare provider medical education pro-

gramming is available via videoconferencing. In addition, community education is frequently offered in this format as well. "In fact, we just hosted a public lecture where three physicians talked about the advances in breast cancer. The conference originated from Marquette General with six other cities in the Upper Peninsula hooked up to receive the lecture in real time. The public could go to the site hosting the lecture in their community and participate as if they were right there," noted Davis. The UPTN provides teleconferencing links to 23 hospitals and clinics throughout the Upper Peninsula.

Davis also shared that videoconferencing has made the provision of programming for CMEs, nursing inservices, lectures for medical students, allied health education and the like much more efficient. "Rather than sending staff all over the Upper Peninsula to provide the same educational program over and over again, we can educate everyone at the same time using interactive videoconferencing."

According to Dan Fly, director of REMEC, provider of telemedicine links between 10 hos-

Telemedicine Resources

When researching telemedicine, one can literally spend hours online coming up with new and different resources. Below is a list of useful Web sites that offer information about telemedicine legislation, applications and technology.

www.atsp.org - Association of Telemedicine Service Providers www.atmeda.org - American Telemedicine Association www.ama-assn.org - American Medical Association www.med.umich.edu/telemedicine - The University of Michigan Health System Telemedicine Home Page

www.mgh.org/education/telemed.html - Marquette General Health System Telemedicine Home Page

www.cyber-state.org - Michigan Information Technology Commission www.telemedmag.com - Telemedicine Today online www.arentfox.com/telemed - Arent Fox's Health Information Systems and Telemedicine Newsletter

pitals in Northern Lower and Southern Upper Michigan, REMEC will host 1,000 programs reaching between 37,000 and 38,000 people in 1999. "Continuing medical education remains the biggest use for telemedicine activity. However, I would like to see Michigan become more involved in telemedicine. We lag behind many of the other states in this area."

State of the State: Telemedicine in Michigan

Mental health consult, post-operative checkups, ultrasounds, sharing of X-ray images, examining patients, reviewing specimens—these are all examples of just some of the clinical telemedicine applications happening in Michigan.

While most physicians agree that in-person, one-on-one interaction is best; there are instances when telemedicine technology fits the bill. A good example is the telemedicine activity happening at Munson Medical Center. After arriving at Munson Medical two years ago, Doctor St. Charles realized there was a need for pediatric cardiologist support, but not enough of a demand to support a full-time specialist. Consequently, he sought out pediatric cardiologists in the state who would be interested in providing consultations via telemedicine. Munson Medical Center currently works with Spectrum Health Care in Grand Rapids and the University of Michigan Health System in Ann Arbor to perform these highly specialized consults. "I'm really proud that we're so cutting edge," noted Doctor St. Charles. "Just two days ago we performed a 2D pediatric echocardiogram on a premature baby with a heart defect. This would have never been diagnosed if our telemedicine system wasn't here. We would have had to ship the baby to a referring facility and wait for answers. With this system, we can avoid transports and provide anxious families with answers right away. This particular application enhances the care of infants in geographically isolated areas that can't support subspecialists. It's ideal."

Physicians and patients at Marquette General are experiencing similar successes with telemedicine technology. The UPTN reports that between January and June of this year, 26 medical applications took place. Last year there were a total of 57 applications. "The use for clinical applications varies. I think the number of clinical applications will go up when reimbursement is as user friendly and as available as it is for the general practice of medicine, and when telemedicine links are available in a doctor's office or on desktop," said Davis.

Currently, to perform a telemedicine videoconference, parties need to go to a videoconferencing site. According to Lori Brossia, telemedicine coordinator at the University of Michigan Health System, "There are well over 100 videoconferencing sites throughout Michigan. However, there are only four locations, other than going directly through a phone company, that offer bridges: University of Michigan Health System, Marquette General Health System, Munson Medical and Central Michigan University." A bridge allows for interactive videoconferencing to take place between people at multiple sites. Standard videoconferencing involves the host location and a remote facility. "With bridge capabilities, the whole world really opens up to you. It's all-encompassing and allows us to use everything available to improve patient care," she added.

Pamela Whitten, assistant professor, Department of Telecommunications, Michigan State University, is well-versed in telemedicine as the former director of the telemedicine program at the University of Kansas. "It's a good news, bad news situation in Michigan. There's not as much telemedicine activity here as in other states. But, telemedicine is still in its infancy here. The good news is that we will catch up." Whitten noted the lack of a centralized coordinating body for telemedicine and the amount "We performed a 2D pediatric echocardiogram on a premature baby with a heart defect. This would have never been diagnosed if our telemedicine system wasn't here."

-Steven St. Charles, MD

"Telemedicine provides a huge possibility to revolutionize how medicine is delivered."

-Jay LaBine, MD

of competition between big health systems as reasons for Michigan's slow entry.

One exciting application being spearheaded by Whitten and the Hospice of Michigan is Telemedicine Hospice Care. Michigan State University and Hospice of Michigan just received a bi-state grant to roll-out telemedicine hospice care in northern Michigan and the Detroit area beginning January 1. "This is the first telemedicine application of this nature that I'm aware of in the country," noted Whitten. "We wrote the grant as a bi-state grant between Kansas and Michigan, and will compare data on both urban and rural areas. We expect to serve 1,000 patients per year in Michigan."

Another application for telemedicine in Michigan includes the work being done at the Michigan Department of Corrections. "Our telemedicine program sees an average of 50 patients per month. We have physicians at each prison site. When a specialist is needed and the appointment is approved, we teleconference with a specialist at our base site." said Lynette Holloway, telemedicine coordinator for the Bureau of Health Care Services, Michigan Department of Corrections. "Telemedicine has seemed to increase our efficiency in delivering medical services and has saved costs in transportation." Currently there are 13 state Departments of Corrections using telemedicine videoconferencing, with the largest being in Galveston, Texas.

One more impressive initiative happening in Michigan resulted from the work of the Michigan Information Technology Commission (MITC), a unique panel of more than 40 state leaders, including representatives from businesses and unions, educators, community groups, foundations, and state and local policymakers. Cyberstate.org was formed to work with decision-makers in business, education, libraries, health care and government, as well as everyday citizens, to make sure Michigan becomes a world leader in using information technology to better its citizens' lives. The MITC issued 19 broad recommendations and 50 detailed action steps to help state residents improve their quality of life through information technology. Doctor Lekas, member of MITC, noted that the recommendations impacting health care include enhancing public access to high-quality health care information and supporting the development of telemedicine. The report can be viewed at www.cyber-state.org.

Clearly, the last few years have sparked an unprecedented level of interest in telemedicine. Technology has literally exploded with amazing developments in computing, imaging and communication technologies.

"It seems to me that telemedicine provides a huge possibility to revolutionize how medicine is delivered," said Jay P. LaBine, MD, general surgeon and trauma director at St. Mary's Mercy Medical Center in Grand Rapids and Major in the U.S. Army Reserves. "Is telemedicine a way for us to make the delivery of care more equal in terms of access? It's possible."

The author is a Grand Rapids-based freelance writer.

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Thriving Under Managed Care

By Gregory Brusstar

Then Rob Jackson, MD, talks about managed care, his face sports a smile rather than a frown. He talks of taking on additional risk in his contracts, being in control of patient care decisions, and seeing a steady rise in his income.

Does that sound like the managed care you

Doctor Jackson, medical director of the 50member Oakwood Primary Care Physicians in Dearborn, welcomes risk contracts and has the expertise to manage them for profitability and patient satisfaction.

"The more risk you have, the more control you deserve and have over the care you provide to your patients," Doctor Jackson said. "But you have to lay the necessary groundwork to prepare to take on risk."

For Doctor Jackson and colleagues, the groundwork was laid back in 1993 out of necessity. To reduce healthcare costs for Ford Motor Co., a Blues PPO plan squeezed participating primary care physicians with onerous discounts. So a group of physicians got together to discuss solutions to the problem.

"The discounts were so deep that it became silly to see those patients," Doctor Jackson said. "So a small group of us decided that the only way to financial viability was to accept risk and earn bonuses for giving cost-effective care." Five physicians then formed Oakwood Primary Care Physicians (OPCP), a physician organization, and proposed a capitation arrangement with Blue Care Network. The network was ready and willing to contract with OPCP.

Ingredients for Success

OPCP then went to work building its organization. Doctor Jackson says there are four key components to building and maintaining a successful PO: 1) physician selection, 2) data management, 3) physician/medical management, and 4) PO management.

Physician selection. A list of nearly 200 primary care physicians was pared down to about 80. Objective and subjective selection criteria were used to assess

whether physicians would work well in a managed care environment. Of the 80 physicians identified, 50 actually joined OPCP. "The most important component is to choose the right physicians," Doctor Jackson said. "If your goal is to have everyone in it, it's not always going to work." Each of the physicians maintained their existing practices, but joined forces for managed care contracting. The group was formed to contract with Blue Care Network, but other contracts eventually followed.

Data management. Physicians need regular feedback. Data presented to physicians must be clear and concise. "Data that comes from health plans is not always user-friendly," Doctor Jackson says. "I convert data to tables and charts so physicians know at a glance where they stand." In his group practice, Doctor Jackson's billing system allows him to compare the profitability of fee-for-service versus capitation. Capitation has always proven to be the more profitable approach for OPCP. With the help of the East Lansing-based management and consulting firm Medical Advantage Group (MAG), OPCP is now using sophisticated software that provides detailed utilization and financial figures. MAG is helping with the difficult task of calculating severity-adjusted costs per patient. "This will hopefully ensure that physicians won't be penalized for treating sicker patients," Doctor lackson said.

Physician/medical management. OPCP's philosophy is to help primary care physicians gain

"The more risk you have, the more control you deserve and have over the care you provide to your patients."

-Rob Jackson, MD

more control within the medical care environment while ensuring they are well compensated.

The increased control comes with taking on risk-based contracts and managing them well. Doctor Jackson says. "Until physicians are at risk for the cost of health care, they don't have the sole right to say this is what must be done because the person paying the bill wants some measure of control," Doctor Jackson says. "Physician autonomy and control improves with riskbased contracts. Income improves with experience and good contract negotiation."

To be successful, physicians must be attentive to costs and utilization. Doctor Jackson informs physicians of their financial status under the BCN contract and meets with them individually to ensure utilization and financial goals are clear. The tone of these meetings is always educational and never punitive, he says.

Quality is addressed by adhering to HEDIS measures and by being attentive to patient satisfaction. Doctor Jackson helps physicians adhere to HEDIS quality guidelines required by NCOA, the accrediting body for HMOs. "There's a sense among the public that quality isn't as good in HMOs, but when you look at the numbers, patient satisfaction increases every year," Doctor Jackson said. "One thing that HMOs do is focus on their customers, which is something in health care that we've paid too little attention to. Secondly, there's a greater emphasis on preventing illness. Although many of us think HEDIS guidelines are superficial, it is one objective quality measurement. Thirdly, HMOs provide data to assist us in managing quality, which is something you don't get with fee-for-service contracts.

"Quality also depends upon the ethics of physicians. By and large, physicians have decent ethics and put the patients' needs in front of their own."

Medical management at OPCP is undertaken in the spirit of cooperation and voluntary compliance. Even participation in new healthcare contracts is optional for OPCP members. "This keeps the peace in the group," Doctor Jackson says. "We'd rather have physicians who are happy to be participating in a contract rather than required to participate."

To reduce costs associated with referrals to specialists, OPCP has contracts with many specialists to provide services at a discount with a bonus opportunity if the contract is profitable.

PO management. OPCP contracts with MAG for management and consulting services. MAG is a medical management and consulting company created in 1996 whose stock is owned by MSMS, MICOA and 250 Michigan physicians.

"MAG's mission is to build and service partnerships among physicians, institutions, and purchasers of health care," said Larry Schwartz, chief executive officer of MAG. "We provide management and consulting services for physician organizations and physician-hospital organizations in Michigan and other states."

Tom Wolff, ID, manager of Physician Networks and Contracting at MAG, assisted OPCP in negotiating an increase in risk it is assuming in its contract with Blue Care Network, increasing the group's profit potential.

In addition, Wolff worked with OPCP in developing the group's preferred specialist referral network and contracts. OPCP network specialists have agreed to service OPCP patients at preferred rates in exchange for an opportunity to share in increased surplus and the possibility of increased patient volume.

MAG also helped OPCP secure an agreement in principle with Oakwood Hospital to reward OPCP if its physicians reduce average hospital stays below an established target.

"Consistent with OPCP's and MAG's management philosophy, the agreements with the specialists and with Oakwood are a win-win situation," Wolff said.

MAG also monitors specialist referral patterns inside and outside the network. "When

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physicians refer outside the network, we don't necessarily discourage the referral," Wolff said. "First, we remind the physician by fax that the specialist network was established for their benefit, and second, if we see a pattern of referrals to certain physicians, we consider adding them to the specialist network. If certain specialists are being used frequently, we figure there's probably a good reason for it."

Further, MAG is helping OPCP secure additional risk contracts. The group is talking with M-CARE about converting its fee-for-service contract to a risk contract. OPCP is also beginning discussions with Health Alliance Plan.

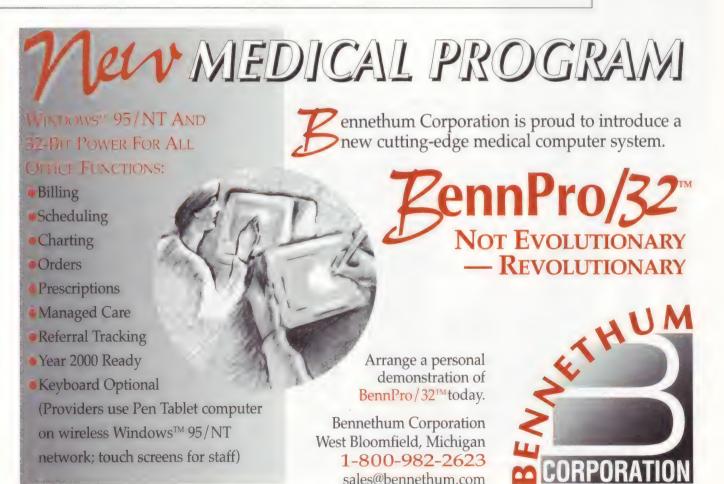
MAG also analyzes financial and utilization

data, staffs OPCP's board and committees, and publishes a newsletter for OPCP members.

Doctor Jackson believes it's important to select a management firm to help administer and build business. "I'd recommend MAG to any group interested in pursuing managed care," Doctor Jackson said. "They're interested in physicians, they don't have any other vested interests, and the price is certainly reasonable."

How Successful is OPCP?

OPCP's financial success is real in an environment that many physicians consider oppressive. Each of its risk funds (outpatient, inpatient, and referral funds) has been in surplus



since the group's inception in 1993, according to Doctor Jackson. Moreover, with the additional risk negotiated with Blue Care Network, OPCP is on track to have its most successful year in 1999.

A major factor in OPCP's success is that its physicians hospitalize patients at a lower rate than any other Blue Care Network group in southeastern Michigan at 144 days/1,000 lives for commercial business (non-Medicare). Compare that to the Blue Care Network average of 184 days/1,000.

Doctor Jackson is a true believer in managed care when it's managed properly from the medical side. "None of us enjoy heavy-handed health plans," Doctor Jackson said. "The best way to manage care is definitely not over the phone. But you have to be empathic enough to think about why this all came about. Until physicians are at risk for the cost of care, there will be no cost containment. No other vehicle is being used that effectively controls the cost of care.

"At the same time, when physicians are at risk, they gain control of patient care decisions and can provide the high quality care they were trained to provide. Along with prudent medical management, profitability improves, too. Everyone wins."

The author is an Okemos-based freelance writer.

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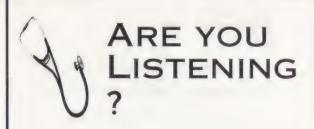
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NEWSMAKERS

Richard G. Girardi, DO, a general surgeon from Adrian. recently was appointed to a three-year position as Cancer Liaison Physician for the Hospital Cancer Program at Bixby Medical Center, which is a part of the American College of Surgeons. The commission reviews medical institutions' care to ensure that their staffs provide cancer patients with the best in diagnosis and care. Doctor Girardi also volunteers for the unit level of the American Cancer Society.

Sunggeun Samuel Im, MD, FACS, a general surgeon from Battle Creek, received a three-year appointment as Cancer Liaison Physician for the Hospital Cancer Program at Battle Creek Health System. He will provide leadership for his committee to maintain the commission-approved cancer program. Doctor Im also volunteers at unit level of the American Cancer Society.

Timothy Cox, MD, internal medicine practitioner from Port Huron, recently received a three-year appointment as Cancer Liaison Physician for the Hospital Cancer Program at Mercy Community Healthcare System. The commission is a compilation of college fellows, and liaison members which represent more than 37 cancerrelated organizations.

DISCIPLINARY ACTIONS

The actions of the Michigan Board of Medicine listed below were taken following investigative and appropriate actions. They are reproduced verbatim from summaries prepared by the Michigan Department of Consumer and Industry Services, Office of Health Services.

Name: Arthur P. Bober, M.D., 458 Fairview Avenue, Kalamazoo, MI 49001

Action, Date Taken: Reinstatement Denied, 09-27-1999

Name: Abdelkader H. Fares, M.D., 26734 Sheahan Dr., Dearborn Heights, MI 48127

Action, Date Taken: Upon passage of SPEX exam, Reinstated w/Probation-1 yr., 09-27-1999

Name: David L. Thomson, M.D., 7924 Woodingham, West Bloomfield, MI 48322

Action, Date Taken: Upon passage of SPEX exam, Reinstated w/Limited License. Probation - 5 vrs., 09-27-1999





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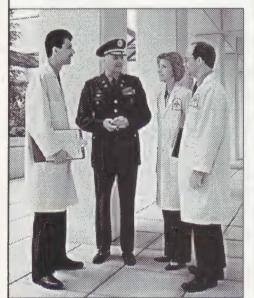
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Michigan Medicine to Publish Regular MSMS **Membership Directory Updates**

Beginning with this issue of Michigan Medicine, MSMS will update from time to time information contained in your Fall 1999 Membership Directory. The fast pace and frequent changes in the practice of medicine mean that, more than ever, doctors are on the move. We want to keep you up to date when colleagues update their listings in between biennial publications of the MSMS Membership Directory.

On the next page we're presenting corrected information on doctors in North Central County Medical Society and the new Ogemaw/Oscoda County Medical Society. The latter's formation was approved by the MSMS House of Delegates last May. For more information, contact Kathy Hagen at MSMS at 517-336-5780 or at khagen@msms.org.

MSMS Fall 1999 **Membership Directory** Update

The following listings are directory corrections:

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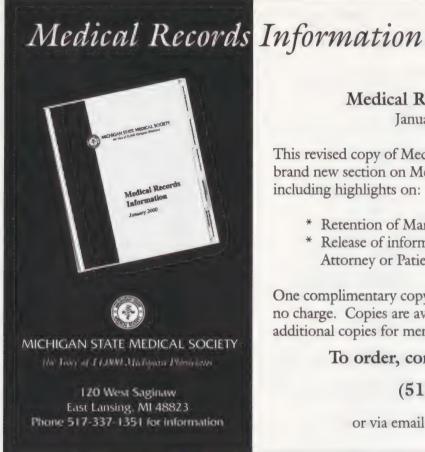
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Looking Back on the 20th Century

Krishna K. Sawhnev, MD MSMS President

"The farther backward you can look, the farther forward you are likely to see." — Winston Churchill (1874-1965)



rogress in medicine during the 20th century has truly been mind-boggling. Perhaps taking a look backwards will allow us a clearer view of the future.

Let me take you back to a few major accomplishments of medicine in the 20th century.

Bacteriology was in its infancy, but the door was open to swift progress in the development of vaccines and new drugs. A cure had only recently been developed for diphtheria, which was claiming the lives of thousands of children. In New York, the death rate had peaked at 785 per 100,000 population in 1894. By 1920, that figure dipped below 100 after large-scale efforts to immunize children, according to Roy Porter's The Greatest Benefit to Mankind: A Medical History of Humanity.

Vaccines were soon developed for smallpox, measles, mumps, typhoid fever, rubella, vellow fever, pertussis, tetanus, plague, cholera, and polio. One of the world's most famous polio victims, President Franklin Delano Roosevelt, did much to advance polio research. A vaccine was finally developed by Jonas Salk in 1955, a decade after FDR's death.

In 1935, Gerhard Domagk of Germany discovered the new "sulfa drugs" to counteract streptococci. Shortly thereafter in 1941, the new wonder drug penicillin (developed in 1928 by Scottish bacteriologist Alexander Fleming) was in mass production. Penicillin proved highly effective against pneumococcus, gonococcus, meningococcus, and diphtheria bacillus, the bacilli of anthrax, tetanus, and syphilis. Next came vaccines against viral diseases. The mumps vaccine was developed in 1948, the polio vaccine in 1949, and the measles vaccine in 1963.

Diagnostic technology has advanced at light speed. In 1904 Roentgen rays were first used on humans, and x-rays became routine in the 1920s. In the 1950s, Ian Donald of Glasgow developed ultrasound based on sonar technology. In 1967, Godfrey Hounsfield, an engineer for a British company, created computed tomography. From there, our internal picture has further come into focus with computed axial tomography, positron emission transaxial tomography, and magnetic resonance imaging.

Another advance in the 20th century has been safe childbirth. Early in the century, childbirth claimed the lives of one in 250 women in England and many more in the poverty-stricken American 'South. Maternal mortality occurred due to sepsis, hemorrhage, or toxemia.

Times have changed. Fetal ailments and diseases can now be diagnosed and treated in utero. Infant mortality rates have plummeted in the United States, though pockets of neglect still exist.

Advances in surgery have been tremendous. The heart, off limits to surgeons before the 20th century, is now routinely operated upon. That has only been since the advent of sulfa drugs and antibiotics during World War II. In 1948, the open commissurotomy (dilation of the mitral valve) procedure was pioneered. In 1967, the first coronary bypass was conducted at the Cleveland Clinic. Since then, more than a million Americans have undergone this procedure.

Medical successes through the ages are not without consequences. For example, with eradication and suppression of disease has come an alarmingly high rate of population growth. New issues for the next century will be population control, global food management, and boundary conflict resolution.

What does the future hold? Just as we look back on the early 20th century as a time of transition to "modern" medicine, our great grandchildren will do the same with respect to the early 21st century. Just as we surmounted great challenges in the 20th century, so will our medical colleagues in the 21st century. New frontiers in neurology, cancer treatment, transplantation, and AIDS will be reached. New diseases will surface to test and to humble us.

Without a doubt, the medical profession will always hold unlimited excitement and challenge. Each new frontier is the threshold of the next. We can see that clearly by looking back at our past. Yes, the scenery and the tools of the trade will change in the next century, but not the challenges and the satisfaction inherent in being a physician. Progress in medicine during the 21st century will truly be mind-boggling.

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